



OWNER CONTACT INFORMATION FOR ALL REGISTERED OWNERS

STRATA LOT NUMBER: _____ UNIT NUMBER: _____ STRATA PLAN _____
NAMES OF ALL OWNERS AS SHOWN ON TITLE

FIRST NAME(s) _____ LAST NAME _____

FIRST NAME(s) _____ LAST NAME _____

FIRST NAME(s) (if more than two owners) _____ LAST NAME _____

FIRST NAME(s) (if more than two owners) _____ LAST NAME _____

PRIMARY MAILING ADDRESS: _____

DAYTIME PHONE: _____ MOBILE PHONE: _____

EMAIL ADDRESS: _____

Use of email address is for the sole purpose of sending minutes and Strata related information, your address will not be distributed without your consent.

CORPORATE OWNERSHIP IF APPLICABLE

COMPANY NAME (if applicable) _____ CONTACT NAME _____ CONTACT NUMBER _____

COMPANY MAILING ADDRESS _____

WILL UNIT BE RENTED? ☐ YES ☐ NO

RENTAL PROPERTY MANGER? ☐ YES ☐ NO

Name and Contact Information for Tenant or Rental Property Manager

NAME _____ PHONE NUMBER _____

WHO TO CONTACT IN THE EVENT OF AN EMERGENCY (name, phone no.) Please be certain that either a neighbor or family member has a key to your suite. It is necessary that Council be able to contact this person and gain access to your suite in the event of an emergency any time you are away from your unit. For insurance purposes, your unit should be inspected when it has been left empty for an extended period. Please check with your insurance carrier about extended absences.

EMERGENCY CONTACT NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

EMERGENCY KEY LOCATED AT (address and location): _____

Please use back of form to provide more information