



Date (yyyy-mm-dd):

STRATA LOT OWNER INFORMATION

1st OWNER

Last Name: First Name: I am registered on title
Email Addr:
Phone (res): Phone (work): Phone (cell):

2nd OWNER (if applicable)

Last Name: First Name: I am registered on title
Email Addr:
Phone (res): Phone (work): Phone (cell):

UNIT & OCCUPANT INFORMATION

Strata Plan Unit No. Street Address:
Mailing Address (if different than above):
Residents (other than owners but *excluding* tenants):
Pets (describe):
Parking & Lockers (if applicable): Parking Stall Number(s) Locker(s):

TENANT INFORMATION

My unit is rented (if yes, please fill out this section) I have submitted a Form K* to the strata
Tenant Name(s):
Phone (res): Phone (work): Phone (cell):

*If your unit is rented, the *Strata Property Act* (Sec. 146(2)) requires you to provide a Form K to the strata corporation. A Form K can be downloaded from our website www.mypropertymanager.ca

ALTERNATE CONTACT FOR EMERGENCIES

Contact Name(s):
Phone (res): Phone (work): Phone (cell):

By completing and submitting this form, I hereby authorize **the strata corporation and its managing agent** to collect, use and disclose my personal information set out above for purposes of identifying and communicating with me, processing payments, responding to emergencies and such other uses that are consistent with the Strata Property Act and/or the bylaws or rules of the strata corporation.

Please return this form via mail, fax or email to:
RE/MAX Property Management Services
Division of RE/MAX Commercial Realty. Each Office Independently Owned and Operated
Suite 270, 4311 Viking Way, Richmond, BC, Canada V6V 2K9
Ph: (604) 821-2999 Fax: (604) 821-1822
email: admin@mypropertymanager.ca