

OWNER INFORMATION AND EMERGENCY CONTACT SHEET



· ESTABLISHED 1887 ·

STRATA PLAN #: \_\_\_\_\_

UNIT # \_\_\_\_\_

OWNER INFORMATION (ON TITLE)	
BUILDING NAME: _____	
CIVIC ADDRESS: _____	
ARE YOU RESIDING IN THE UNIT: YES / NO	
IF NO, PLEASE PROVIDE YOUR MAILING ADDRESS:	
_____	
_____	
NAME: _____	
HOME #: _____	WORK #: _____
CELL #: _____	EMAIL: _____
NAME: _____	
HOME #: _____	WORK #: _____
CELL #: _____	EMAIL: _____
IF UNDER 18 AGES MUST BE SUBMITTED	
NAME: _____	AGE: _____
NAME: _____	AGE: _____
NAME: _____	AGE: _____
NAME: _____	AGE: _____

VEHICLE REGISTRATION
MAKE/MODEL: _____
COLOUR: _____
VEHICLE LICENSE #: _____
MAKE/MODEL: _____
COLOUR: _____
VEHICLE LICENSE #: _____

PARKING / STORAGE REGISTRATION
PARKING STALL(S): _____
LOCKER NUMBER(S): _____

PET REGISTRATION (IF APPLICABLE)
IF YOU OR YOUR TENANTS HAVE A PET(S) PLEASE COMPLETE THE FOLLOWING
TYPE OF PET: _____
NAME: _____
COLOUR: _____
BREED: _____
TYPE OF PET: _____
NAME: _____
COLOUR: _____
BREED: _____

EMERGENCY CONTACT(S)
IN CASE OF EMERGENCY ONLY, PLEASE PROVIDE CONTACT INFORMATION FOR SOMEONE NOT LIVING IN THE UNIT
NAME: _____
HOME #: _____ WORK #: _____
CELL #: _____ EMAIL: _____
RELATIONSHIP: _____
DO THEY HAVE A KEY TO:
THE BUILDING: YES / NO / NOT APPLICABLE
YOUR UNIT: YES / NO

TENANT INFORMATION (IF APPLICABLE)
IF SOMEONE OCCUPIES YOUR UNIT OTHER THAN YOURSELF, YOU ARE REQUIRED TO COMPLETE A <u>FORM K: NOTICE OF TENANTS RESPONSIBILITY</u> .
THIS FORM MUST BE COMPLETED WITHIN FOURTEEN (14) DAYS OF OCCUPANCY TAKING PLACE. IF YOU DO NOT HAVE A FORM K PLEASE CONTACT PAUL AT 250-516-1915 OR paulbutterworth58@gmail.com

ANY IMMEDIATE CONCERNS: _____
_____
_____
_____

PLEASE COMPLETE AND RETURN TO: paulbutterworth58@gmail.com

PAUL BUTTERWORTH C/O PEMBERTON HOLMES #107-360 BEACON AVE, SIDNEY, BC V8L 1X3