



OWNER INFORMATION

Please complete and mail or fax to PETERSON RESIDENTIAL.

If you are a non resident owner, please complete this form and the form on the reverse side of this page.

Strata Plan: _____

Strata Lot: _____

Address: _____

Completion Date: _____

Name of Owner: _____

Home Telephone: _____

Work Telephone: _____

Cell Telephone: _____

Email Address: _____

Name of Residents: _____

Parking Stall #'s: _____

Vehicle(s): _____
(make, colour, license)

Locker Number: _____

PETERSON RESIDENTIAL PROPERTY MANAGEMENT INC.

1166 Alberni Street, Suite 1701, Vancouver, BC, Canada V6E 3Z3 | T. 604.688.4885 | F.604.688.3245 | www.petersonbc.com

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