



STRATA PLAN LMS3316

UNIT No. _____

STRATA LOT No. _____

Please return this completed form to the
Strata Council Mailbox adjacent to
underground visitor parking stall #7.

OWNER INFORMATION

To protect yourself and your property, it is imperative that this information sheet be completed and returned to us in order that we may contact you in an emergency.

I understand that the personal information I am providing (below) is for the purposes of identifying and communicating with me and for ensuring the orderly management of the Strata Corporation.

(All owners must complete this section - please print clearly)

Name of Owner(s) _____

Property Address _____
Street City Province Postal Code

Number of persons residing in your unit: _____

Parking Stall No.(s) _____

Mailing Address _____
(If different from above) No. Street City Province Postal Code

Home Phone No. _____ Work Phone No. _____

E-mail _____

Name(s) of children, if any: _____ (age) (age) (age)

Vehicles: _____ (make) (model) (plate #)

_____ (make) (model) (plate #)

Pet(s) _____ Name of Pet(s) _____

Alarm Monitoring Company _____ Phone No. _____