

OWNER EMERGENCY CONTACT FORM

Strata Plan Number: _____ Unit Number: _____

If there is more than one owner, please list Family and Given names on back of form with phone numbers.

Family Name: _____ First Name: _____

Tel (Res): _____ Tel (cell): _____

Tel (Bus): _____ Email: _____

If you are a non-resident owner, or you want your mail to go to a different address, please provide the Mailing Address here:

Emergency Contact: (Please include at least one contact)

Name: _____ Name: _____

Tel (Res): _____ Tel (Res): _____

Tel (alt): _____ Tel (alt): _____

Parking Stall Number(s): _____ Locker Number: _____

Is your suite or will your suite be occupied by a tenant? Yes: ____ No: ____

If "No" please go to last section.

Name of Tenant(s) _____

Tel (Res): _____ Tel (alt): _____



Have you obtained a signed FORM K from your tenant and sent it to our office?

Y N

If not, please contact us to have the form sent to you, or look on our website:
www.cccm.bc.ca

Signed: _____ Date: _____

Please return to our office by Canada Post, fax or e-mail, as noted below.