

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)

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):

Date Tenancy Commenced (yyyy-mm-dd):

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.dwellproperty.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 submit completed form via mail or fax: (604) 821.1822 or email: admin@dwellproperty.ca