OWNER & EMERGENCY CONTACT INFORMATION

		Date (yyyy-mm-dd):
	STRATA LOT OWNER INFO	DRMATION
1st OWNER		
Last Name:	First Name:	I am registered on title
Email Addr:		
Phone (res):	Phone (work):	Phone (cell):
2nd OWNER (if applica	able)	
Last Name:	First Name:	I am registered on title
Email Addr:		
Phone (res):	Phone (work):	Phone (cell):
	UNIT & OCCUPANT INFO	RMATION
Strata Plan	Unit No. Street Address:	
Mailing Address (if diff	erent than above):	
Residents (other than but <i>excluding</i> tenants) Pets (describe):	I	
Parking & Lockers (if a	applicable): Parking Stall Number(s)	Locker(s):
	TENANT INFORMAT	TON
My unit is rented (if	yes, please fill out this section)	I have submitted a Form K* to the strata
Tenant Name(s):		
Phone (res):	Phone (work):	Phone (cell):
	rata Property Act (Sec. 146(2)) requires you to provibilite www.mypropertymanager.ca	vide a Form K to the strata corporation. A Form K can
	ALTERNATE CONTACT FOR E	EMERGENCIES
Contact Name(s):		
Phone (res):	Phone (work):	Phone (cell):
		its managing agent to collect, use and disclose my personal description of the descriptio

Please return this form via mail or email to:

uses that are consistent with the Strata Property Act and/or the bylaws or rules of the strata corporation.

email: info@metrowestbs.com