

STRATA PLAN: _____ **NAME OF STRATA :** _____ **UNIT#** _____ **Lot#** _____

OWNER INFORMATION SHEET

It is the responsibility of the Strata Corporation to acquire the owner name and mailing address, and name of tenants; as required by the Strata Property Act section 35(c) and to maintain these records. Providing any of the contact information for yourself or your tenant) as requested below is **provided voluntarily**. This information is retained on the master list at the office of the management company; and will only be used by the management company or strata council in completing their role and duties, and is beneficial for any emergency issues, and will not be shared with any other person in accordance with the Privacy Act (PIPA).

OWNER INFORMATION (AS PER LAND TITLE OFFICE)	
REGISTERED OWNER(S) NAME(S): First, Surname Mr. Mrs. Ms.	
Home Phone#:	Work#:
Cell Phone#:	Email:
OWNER Mailing Address & Postal Code: (if more than one address; please list primary address first) <input type="checkbox"/> Strata Unit Address	
TENANT INFORMATION - FOR RENTALS or FAMILY MEMBERS LIVING IN UNIT WHEN OWNER NOT RESIDE	
If there is a rental restriction bylaw, does your tenant have permission from the strata council to rent? YES <input type="checkbox"/> NO <input type="checkbox"/>	Tenant(s) Name(s): Family YES <input type="checkbox"/> NO <input type="checkbox"/>
Agent Managing Rental (if applicable):	Completed Form K: <input type="checkbox"/> provided <input type="checkbox"/> to come
OWNER EMERGENCY CONTACTS	
Contact Name:	Relationship:
Home Phone#	Work/Cell Phone#:
FIRE SAFETY PLAN EMERGENCY EVACUATION INFORMATION	
<i>Note: The following information is vital for Fire Safety Plan Records and must be available and kept current for use by the Fire Department. If any resident requires assistance vacating the building in the event of an emergency, please provide the information in the space below. Please notify Firm Management at 250-544-2300 of any changes to this information.</i>	
Do you require assistance from a first responder during an emergency evacuation situation: YES <input type="checkbox"/> NO <input type="checkbox"/>	
NAME OF AUTHORIZED OWNERS IF OWNERSHIP IS A REGISTERED CORPORATION	
Owner #1	Owner #3
Owner #2	Owner #4
RESIDENT ENTER PHONE INSTRUCTIONS (IF APPLICABLE)	
Name to be viewed on Enter phone:	Phone number for Enter phone:

SIGNATURE OF OWNER