

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

OWNER/TENANT INFORMATION SHEET

It is the responsibility of the Strata Corporation to acquire the owner name and address, mailing address if different, 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 (phone numbers and email address, emergency information, vehicle/parking information) 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).

RESIDENT OWNER INFORMATION (ON TITLE AT LAND TITLE OFFICE)	
REGISTERED OWNER(S) NAME(S): First, Middle, Surname Mr. Mrs. Ms.	
OWNER Home Phone#:	OWNER Business #:
Cell Phone #:	Email:
NON-RESIDENT OWNER INFORMATION	
<i>Please complete this section, only if not residing in the Suite # noted above</i>	
OWNER Mailing Address & Postal Code:	
OWNER Home Phone#:	OWNER Business #:
Cell Phone #:	Email:
TENANT INFORMATION - FOR THOSE UNITS WITH RENTALS	
Does your tenant have permission as per the bylaws of the strata? YES <input type="checkbox"/> NO <input type="checkbox"/>	Tenant(s) Name(s):
Agent Managing Rental:	Completed Form K: <input type="checkbox"/> provided <input type="checkbox"/> to come
OWNER EMERGENCY CONTACTS	
Contact Name:	Relationship:
Home Phone#:	Business/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 ADDITIONAL REGISTERED OWNERS IF OWNERSHIP IS A REGISTERED CORPORATION	
Owner #1	Owner #3
Owner #2	Owner #4
RESIDENT ENTERPHONE INSTRUCTIONS	
Contact Name for Enterphone:	Phone number for Enterphone:

SIGNATURE OF OWNER