



STRATA PLAN VIS _____

CONFIDENTIAL OWNER INFORMATION FORM

PLEASE PRINT CLEARLY

Owner Name # 1 _____ Unit No. _____

Owner Name # 2 _____ Strata Lot _____

Are you a non-resident owner? Yes No If yes, what is your mailing address?

Mailing Address: _____

Owner # 1 Tel Home: () _____ Work / Cell: () _____ Email: _____

Owner # 2 Tel Home: () _____ Work / Cell: () _____ Email: _____

I request to receive strata corporation documentation by the following method(s);

Email Only (provide address) _____

Conventional Mail Only (to mailing address above)

Both Email and Conventional Mail

Emergency Contact:

Name: _____ Tel #: () _____ Email: _____

Address: _____

Does this person have a key and/or codes required to access your unit? Yes No

Vehicle Information:

Make/model 1): _____ Colour: _____ License No.: _____

Make/model 2): _____ Colour: _____ License No.: _____

Pet Information:

1) Name: _____ Breed: _____ Born: YYYY/MM _____

Weight: _____ Shots: (Type and Date): _____ Other Info: _____

Tenant Information:

Name: _____ Tel #: () _____ Email: _____

Name: _____ Tel #: () _____ Email: _____

PRIVACY STATEMENT

By providing us with this information you consent to its use in accordance with this privacy statement. This information is collected for the purpose of identifying and contacting you with strata corporation documentation and in an emergency or incident regarding your property listed above. Personal information will not be disclosed except as required by law or for the purposes for which it was collected. You may update your personal information or obtain a copy of it by contacting the Strata Corporation's agent, Bayview Strata Services Inc. at phone – 250.586.1100, fax – 250.586.1102 or email – reception@bayviewstrataservices.ca.