

## COMMERCIAL OWNER EMERGENCY CONTACT FORM

**Strata Plan Number:** \_\_\_\_\_ **Unit Numbers:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Tel (Bus):** \_\_\_\_\_ **Tel (Fax):** \_\_\_\_\_

**Email:** \_\_\_\_\_

If you are a non-resident owner, or you want your mail to go to a different address, please provide the Mailing Address here:

\_\_\_\_\_  
\_\_\_\_\_

**Contact (during Business hours):**

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Tel (Bus):** \_\_\_\_\_ **Tel (Bus):** \_\_\_\_\_

**Emergency Contact: (Please include at least one)**

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Tel (Res):** \_\_\_\_\_ **Tel (Res):** \_\_\_\_\_

**Tel (alt):** \_\_\_\_\_ **Tel (alt):** \_\_\_\_\_

Is your suite or will your suite be occupied by a tenant? Yes: \_\_\_\_ No: \_\_\_\_

**If "No" please go to last section.**

**Tenant(s) Business Name** \_\_\_\_\_

**Contact(s) Name** \_\_\_\_\_

\_\_\_\_\_



Tel (Bus): \_\_\_\_\_ Tel (alternate):  
Have you obtained a signed a FORM K from your tenant and sent it to our office?  
\_\_\_\_\_ \_\_\_\_\_ Y N

If not, please contact us to have the form sent to you, or look on our website:  
[www.cccm.bc.ca](http://www.cccm.bc.ca)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return to our office by Canada Post, fax or e-mail, as noted below*