

OWNER EMERGENCY CONTACT FORM

Strata Plan Number	: Unit Number:
If there is more than one owner, please list Family and Given names on back of form with phone numbers.	
Family Name:	First Name:
Tel (Res):	Tel (cell):
Tel (Bus):	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:	
Emergency Contact: (Please include at least one contact)	
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.	
Name of Tenant(s) _	
-	
Tel (Res):	Tel (alt):
Have you obtained a signed 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	
Signed:	Date:
Please return to our office by Canada Post, fax or e-mail, as noted below.	