

**STRATA CORPORATION
INFORMATION SHEET & EMERGENCY CONTACT LIST**

Building Information

Building Name: _____

Building Address: _____

Strata Plan: _____ Strata Lot #: _____ Unit #: _____

Unit Information

Parking Stall #01: _____ #02: _____ #03: _____ #04: _____

Locker #01: _____ #02: _____ #03: _____ #04: _____

Fob #01: _____ #02: _____ #03: _____ #04: _____

Registered Owner(s) Information

First & Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: Home _____ Cell _____ Work _____

E-mail: _____

Emergency Contact Information

First & Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: Home _____ Cell _____ Work _____

E-mail: _____

Date & Signature(s)

Date: _____ Signature: _____ Signature: _____

*Please ensure that this form is completed in full, signed by all registered owners, and either mailed or emailed to the address below.

Office Use Only
Entered By: _____