

**EMERGENCY CONTACT & OWNER INFORMATION SHEET.**

THIS FORM IS FOR STRATA OWNERS ONLY

**Please fill in ALL fields, if a field doesn't apply please enter: N/A.**

**A. Owner Unit Details**

Suite: \_\_\_\_\_ Building Address: \_\_\_\_\_

Storage Number: \_\_\_\_\_ Parking Stall: \_\_\_\_\_

Do you have a vehicle: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ Vehicle Colour: \_\_\_\_\_ Vehicle License: \_\_\_\_\_

**B. Owner(s) Information:**

Owner Name: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**C. Occupant(s) Information:**

For insurance reasons we MUST have the names of all people living in the unit. If the occupants are different from the owners, please fill out the information below, if they are under age 18 their ages must be submitted.

Occupants: \_\_\_\_\_ Age: \_\_\_\_\_  
Occupants: \_\_\_\_\_ Age: \_\_\_\_\_  
Occupants: \_\_\_\_\_ Age: \_\_\_\_\_  
Occupants: \_\_\_\_\_ Age: \_\_\_\_\_

Primary Contact:  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**D. Emergency Contact:**

In case of emergency only, please provide contact information for someone not living in the unit.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please indicate any particular conditions (ie: mobility problems, hearing or sight problems) that the authorities should be made aware of in case of an emergency:

**Insurance Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Hard copy submitted to the Office:** Yes: \_\_\_\_\_ No: \_\_\_\_\_