

VANCOUVER CONDOMINIUM SERVICES LTD.

OWNER INFORMATION FORM

Strata Plan # _____ (see attached letter) Unit # _____

Required Information

Owner Name #1 _____

Owner Name #2 _____

Parking Stall(s) #: _____ Locker #: _____

Are you a non-resident owner? Yes No

If yes, what is your mailing address?

Mailing Address: _____

Owner #1 Telephone Home: () _____ Work / Cell: () _____

Owner #2 Telephone Home: () _____ Work / Cell: () _____

Emergency Contact:

1) Name: _____ Tel #: _____

Do they have a key to your suite? _____

Make of Vehicle(s): 1) _____ Colour: _____ Lic #: _____

2) _____ Colour: _____ Lic #: _____

Pets (if any):

1) Name: _____ Kind: _____ Age: _____

2) Name: _____ Kind: _____ Age: _____

Name(s) requested on enterphone panel (if applicable):

The above information is for internal use only and kept in confidence.

Please fill out and mail to: Vancouver Condominium Services Ltd.
#400 – 1281 West Georgia Street
Vancouver, B.C. V6E 3J7

Telephone: (604) 684-6291 Accounting: (604) 684-5329 Fax: (604) 684-1539

OFFICE USE ONLY

PM Initials

