



Warrington PCI Management

STRATA PLAN _____

NAME OF PROPERTY _____

**OWNER INFORMATION
NEW/CHANGED**

Please complete this information sheet and return, **via fax (604-688-2328), or mail (to the address below)**, to the offices of Warrington PCI Management, **Attention: Strata Management Division**. To be completed if you have any **NEW** contact information or if you have not previously provided one to Warrington PCI Management.

OWNER Information:

Name(s) : _____ Unit # : _____

Address : _____

Home Tel # : _____ Cell # : _____

Work # : _____ Fax # : _____ E-Mail: _____

Car Type: _____ Licence Plate # : _____

Parking Stall # : _____ Locker # : _____ Access Card # : _____

TENANT Information (if applicable): (Prior to renting your unit, you must complete a Form K)

Name(s): _____

Home Tel # : _____ Cell # : _____

Work # : _____ Fax #: _____ E-Mail: _____

Car Type: _____ Licence Plate #: _____

Pet Information:

Type of Pet: _____ Name: _____ Colour: _____

Emergency Contact Name & Tel # :

Name: _____ Tel # : _____

Keyholder Contact Name & Tel # :

Name: _____ Tel # : _____

OWNER Mailing Address:
(if different from above)

Signature: _____ Date: _____