

EMERGENCY CONTACT INFORMATION FORM

STRATA CORPORATION BCS 3800

NATURES COVE

Dear Owner(s)

To update our records, kindly fill in all fields below and return to our office at the address or fax number listed below.

Unit #: _____

Owner (s) Name (s): _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Mailing Address: _____
(if different from unit)

***IF YOU HAVE A TENANT, YOU MUST PROVIDE A NON-RESIDENT MAILING ADDRESS**

Tenant/Occupant Name(s): _____
(If unit is not occupied by owner, please list all person(s) residing in the unit)

Tenant Phone Number(s): _____
(Please indicate if phone number(s) listed is home, work, cell, etc....)

Emergency Contact: _____
(Please note that your emergency contact should have access to your unit in the event that you are unreachable)

Does Your Emergency Contact Have a Key to Your Unit?: _____

Emergency Contact Phone Number (s): _____
(Please indicate if phone number(s) listed is home, work, cell, etc....)

Pet(s) Breed: _____ **Name:** _____

Pet(s) Age: _____ **Description:** _____

Locker Number: _____ **Parking Stall:** _____ **License Plate Number:** _____

Vehicle (Make, Model, Year, Colour): _____

Is Your Parking Stall Rented or Used by Another Unit: _____

Unit # of Person Using Your Parking Stall: _____