



Strata Management Ltd.

RESIDENT INFORMATION SHEET

To update our records with the most accurate information, please complete this form and return it to our office.

****IF YOUR UNIT IS TENANTED, PLEASE ENSURE THAT A COMPLETED FORM K IS SUBMITTED TO OUR OFFICE.**

Building Name _____ Unit # _____

Building Address _____ Phone Home _____

Names of Owner(s) _____ Work _____
_____ Cell _____

Email address: _____ Enter phone code: _____

of People Living in Unit _____

Mailing address (if not residing at building)

Name of Tenant (s) _____ Phone Home _____
(if applicable) _____ Work _____
_____ Cell _____

Emergency Contact _____ Phone Home _____
_____ Work _____

Relationship to Owner _____ Cell _____

Assigned Parking Stall #(s) _____ (1)
_____ (2)

Vehicles Make / Model _____ (1) License Plate _____ (1)
Make / Model _____ (2) License Plate _____ (2)

Locker Space Room # _____ Level # _____ Locker # _____

Person (s) Holding Key(s) to Unit for Emergency Access

Pet on Premises – Description _____

Common Area Keys: # of Keys in Possession _____