

STRATA LOT & EMERGENCY INFORMATION

Strata Plan BCS 2759 - The Crescendo

GENERAL INFORMATION

PLEASE PRINT CLEARLY

Strata Lot _____	Unit # _____	Locker # _____	Locker Level _____	Directory # _____
Number of Pets _____	Type of Pets _____	Occupancy Date _____		
Number of Occupants _____	Owner Occupied Suite _____	Rental Suite _____	Rental Term _____	

NAME OF ALL OCCUPANTS IN SUITE

	First Name	Last Name	HOME Phone	CELL Phone	Email Address
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

VEHICLE INFORMATION

	Stall	Make	Model	Year	Color	Plate
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

DIRECTORY INFORMATION

The name to be displayed must be no longer than 14 characters in length. This includes spaces. The directory does display ampersands. So, it is possible to display Mr & Mrs as long as it does not exceed 14 characters in length.

Last Name	First Initial or Name	Phone Number, if using call forwarding
_____	_____	_____

BUILDING ACCESS DEVICES

(Upon resale of unit or turnover of rental unit all access devices must be declared within two weeks. **(All undeclared devices will be deactivated in 14 days).**)

FOB Code	User's Name	FOB Code	User's Name
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____

EMERGENCY CONTACT PERSON (FIRE, FLOOD, VANDALISM)

First Name _____	Last Name _____	Relationship _____		
Home Phone _____	Work Phone _____	Ext. _____	Cell Phone _____	Alternate Phone _____
Address _____				
City _____	Province _____	Postal Code _____		
First Name _____	Last Name _____	Relationship _____		
Home Phone _____	Work Phone _____	Ext. _____	Cell Phone _____	Alternate Phone _____
Address _____				
City _____	Province _____	Postal Code _____		

CLOSEST PERSON WITH A KEY (FIRE, FLOOD, HEALTH)

First Name _____	Last Name _____	Relationship _____		
Home Phone _____	Work Phone _____	Ext. _____	Cell Phone _____	Alternate Phone _____
Address _____				
City _____	Province _____	Postal Code _____		
First Name _____	Last Name _____	Relationship _____		
Home Phone _____	Work Phone _____	Ext. _____	Cell Phone _____	Alternate Phone _____
Address _____				
City _____	Province _____	Postal Code _____		