



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: \_\_\_\_\_