

STRATA PLAN VIS _____

Owner(s) Name: _____ Strata Lot No: _____

Address: _____

Owner's mailing address (if different then above): _____

Home Phone Number: _____ Business/Cellular Phone Number: _____

E-mail Address: _____

Parking Stall No(s): _____ Locker No: _____

Vehicle License Number: _____ Make/Model: _____ Colour: _____

Vehicle License Number: _____ Make/Model: _____ Colour: _____

Contact Person(s) for Emergency

1. Name: _____

Address: _____

Phone: _____

2. Name: _____

Address: _____

Phone: _____

3. Spare Key(s) being held by: _____

Please mail this form to:
Concise Strata Management Services
Suite 202 – 572 Stewart Avenue
Nanaimo, BC V9S 5T5
Or
Fax to: 250-754-4002