



OWNER EMERGENCY CONTACT

Please complete and mail or fax to PETERSON RESIDENTIAL.

Date: _____

Name: _____

Daytime Contact #: _____ Evening Contact #: _____

Email: _____

Suite Number: _____ at _____

City: _____ Strata Lot: _____ Strata Plan: _____

EMERGENCY CONTACT #1 - NAME	
Relationship	
Phone Number (1)	
Phone Number (2)	
EMERGENCY CONTACT #2 - NAME	
Relationship	
Phone Number (1)	
Phone Number (2)	
EMERGENCY CONTACT #3 - NAME	
Relationship	
Phone Number (1)	
Phone Number (2)	

I hereby authorize Peterson Residential Property Management Inc. to collect, use and disclose my personal information set out above for purposes of identifying and communicating with me, responding to emergencies, ensuring the orderly management of the strata property and complying with legal requirements.

Owner Signature