



OWNER INFORMATION FORM

Please complete this form and return to Peterson Residential Property Management Inc. by fax or mail.

Please ensure to complete the following if you have any contact information to update or if you have not previously provided one to Peterson Residential Property Management Inc. This information is privileged, confidential and exempt from disclosure under applicable law. This information is the property of Peterson Residential Property Management Inc. If you are not an agent or employee of Peterson Residential Property Management Inc., you are hereby notified that any dissemination or copying of this form is strictly prohibited. If you have received this form in error, please immediately notify us by telephone and return the original to Peterson Residential Property Management Inc. Thank you.

Date: _____

New Information Updated Information (please check one)

OWNER INFORMATION

Name(s): _____

Strata Lot: _____ Strata Plan: _____

Suite Number: _____ at _____

Mailing Address (please complete if different than suite address): _____

Home Tel: _____ Cell phone: _____

Work Tel: _____ Fax: _____

Email: _____

Car Type(s): _____

License Plate Number(s): _____

Parking Stall Number(s): _____ Locker Number: _____

Access Device Number(s): _____

Emergency Contact

Name: _____ Tel: _____

Closest Person with a Key to Your Residence

Name: _____ Tel: _____