



CrossRoads Management Ltd.

OWNER/OCCUPANT INFORMATION & EMERGENCY CONTACT FORM

Strata Plan #/Name: _____

Unit #: _____

Name of Owner: _____

Name of Owner: _____

Home Phone# _____

Home Phone#: _____

Work# _____

Work#: _____

Cell Phone#: _____

Cell Phone#: _____

***Fill out if Occupant(s) differ from Owner(s); If Occupant is renting you MUST fill out Form K as per Bylaws.**

Name of Occupant: _____

Name of Occupant: _____

Home Phone# _____

Home Phone# _____

Work# _____

Work# _____

Cell Phone#: _____

Cell Phone#: _____

Note: Phone numbers may be shared with the council or public authorities upon their request, unless otherwise indicated.

E-Mail: _____

Pets: YES NO If yes, how many: _____ Description: _____

Monitored Security System: YES NO Security Company Name: _____ Tel. No. _____

Storage locker #(s): _____

Parking Stall #(s): _____

Fob#: _____

Fob#: _____

Make of Vehicle: _____ Colour: _____ License Plate #: _____

Make of Vehicle: _____ Colour: _____ License Plate #: _____

EMERGENCY CONTACT

Extra Unit key left with: _____ Tel No.: _____
(It is a good idea to find a trusted neighbor or friend to keep a key in case we need to enter your suite in an emergency)

Emergency Contact #1:

Name: _____ Tel No.: _____

Address: _____

Emergency Contact #2:

Name: _____ Tel No.: _____

Address: _____

Signed: _____ Dated: _____

(Signature)

All information kept in strict confidence.