

EMERGENCY FORM
STRATA CORPORATION LMS 1866 – THE ELECTRA
Suite _____ - 989 Nelson Street, Vancouver, B.C. V6Z 2S1

Occasionally, a maintenance problem will occur when it is imperative to enter the individual suites for the correction of the problem. Repair work can be hampered when unit owners/residents are away on vacation or absent for extended periods. In some instances, there were extensive damages done to the building or the individual suites simply because we had no way of contacting the owner/resident. To avoid these problems, please complete this form (*Please Print Clearly*) and return it to us **by fax or by mail** as soon as possible. Thank you.

Please be assured that our only intent is to protect your property to the very best of our ability. All information is kept confidential.

Please Circle

Owner's Name(s): (Mr./Mrs./Miss/Ms./Mr. & Mrs./Dr.) _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address: _____

Vehicle Licence #: _____ Parking Stall #: _____ Key or Fob #: _____ No. of Pets: _____

Insurance Company (Homeowners Policy) _____ Phone # _____

Agent _____ Policy Number _____

<p>(1) Local Emergency Contact _____ Key (Y/N) _____</p> <p>Address _____</p> <p>Telephone (Res) _____ Telephone (work) _____</p> <p>(2) Local Emergency Contact _____ Key (Y/N) _____</p> <p>Address _____</p> <p>Telephone (Res) _____ Telephone (work) _____</p> <p style="text-align: center;">Please add any additional information you feel may assist us in notifying you in the event of an emergency.</p>

Is this suite rented? _____ (Y/N) If it is, please ensure you provide us a signed Form K; otherwise, have your tenant sign the attached Form K and return it to our office.

Tenant's Name: _____ Tenant's Name: _____

Home/Cell Phone: _____ Work: _____ Email: _____

Vehicle Licence #: _____ Parking Stall #: _____ Key or Fob #: _____ No. of Pets: _____

Date _____ Owner's Signature _____