

PENINSULA STRATA MANAGEMENT LTD. INFORMATION FORM

OWNER NAME(S): _____

BUILDING & STRATA PLAN No.: _____ UNIT No.: _____

MAILING ADDRESS: _____

PHONE NO: _____ PHONE NO: _____

E-MAIL ADDRESS: _____

(If Applicable) (If Applicable)
LOCKER NO: _____ PARKING SPACE NUMBER: _____

CAR (MAKE/MODEL): _____

LICENSE PLATE #: _____

CAR (MAKE/MODEL): _____

LICENSE PLATE #: _____

IN CASE OF EMERGENCY, NOTIFY:

PERSON #1 NAME: _____

RELATIONSHIP: _____ PHONE #: _____

ADDRESS: _____

PERSON #2 NAME: _____

RELATIONSHIP: _____ PHONE #: _____

ADDRESS: _____

Please return the form to #316 - 1959 - 152nd Street, White Rock BC V4A 9E3