

Strata Plan Number: _____

Unit Number: _____

Family Name: _____

First Name: _____

Tel (Res): _____

Tel (Bus): _____

Mailing Address: _____

Emergency Contact:

Name: _____

Name: _____

Tel (Res): _____

Tel (Res): _____

Tel (Bus): _____

Tel (Bus): _____

Parking Stall Number(s): _____

Locker Number: _____

Is your suite or will your suite be occupied by a tenant?

Yes: _____

No: _____

Name of Tenant(s) _____

Tel (Res): _____

Tel (Bus): _____

Have you obtained a signed a FORM K from your tenant and sent it to the management company?

Y N

If not, please contact us and one will be sent to you.

Signed: _____

Date: _____

Return to:

C & C PROPERTY GROUP LTD.
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North Vancouver, B.C.
V7L 2P7

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