



INFORMATION COLLECTION FORM

It is the responsibility of the Strata Corporation to acquire the following information as required by the Strata Property Act Section 35 (c) i and iii and to maintain these records.
Please complete and return to Touchstone Property Management Ltd. via e-mail to forms@touchstoneproperty.com or Fax to 604-688-4349.

REGISTERED OWNER(S) INFORMATION (Please Print)

STRATA PLAN #:		STRATA LOT #:	
UNIT ADDRESS:			
MAILING ADDRESS: (If different from Unit Address)			
OWNER 1 Primary Contact	OWNER 2	OWNER 3	
First Name:	First Name:	First Name:	
Last Name:	Last Name:	Last Name:	
E-Mail Address:	E-Mail Address:	E-Mail Address:	
Home #:	Home #:	Home #:	
Cellular #:	Cellular #:	Cellular #:	
Work #:	Work #:	Work #:	

EMERGENCY CONTACT INFORMATION – Please Print

This information will be kept confidential and will only be used by our staff in the event of an emergency.

Name:	
Relationship:	
Home #:	
Business #:	
Cellular #:	
E-Mail Address:	

TENANT INFORMATION (if applicable)–Please Print–“FORM K” Required

TENANT 1 Primary Contact	TENANT 2	TENANT 3
First Name:	First Name:	First Name:
Last Name:	Last Name:	Last Name:
Home #:	Home #:	Home #:
Business #:	Business #:	Business #:
Cellular #:	Cellular #:	Cellular #:
E-Mail Address:	E-Mail Address:	E-Mail Address: