

**KELOWNA (HEAD OFFICE)**  
1979 Bredin Road  
Kelowna, BC V1Y 8T2  
Phone:(250) 868-3383 Fax:(250) 861-4586  
Toll Free: 1-877-862-6900

**PENTICTON (BRANCH)**  
1521 Main Street  
Penticton, BC V2A 5G7  
Phone:(250) 492-7300 Fax:1-877-862-5700  
Toll Free: 1-877-862-6900

**SICAMOUS (BRANCH)**  
1210 Young Crescent  
Sicamous, BC V1E 2S6  
Phone:(250) 836-3840 Fax:1-877-862-5700  
Toll Free: 1-877-862-6900

**SALMON ARM (BRANCH)**  
105A - 650 Trans Canada Highway  
Sicamous, BC V1E 2S6  
Phone:(250) 832-0169 Fax:1-877-862-5700  
Toll Free: 1-877-862-6900

## OWNER INFORMATION SHEET

STRATA PLAN #: \_\_\_\_\_

### OWNER INFORMATION: (ON TITLE)

BUILDING NAME: \_\_\_\_\_

SUITE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ARE YOU RESIDING IN THE ABOVE SUITE? YES      NO

NAME(S) \_\_\_\_\_

HOME #: \_\_\_\_\_

WORK #: \_\_\_\_\_

MOBILE #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

### MAILING ADDRESS: (if NOT residing in the above suite)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### TENANT(S): (if applicable)

TENANT NAME(S): \_\_\_\_\_

HOME #: \_\_\_\_\_

WORK #: \_\_\_\_\_ MOBILE #: \_\_\_\_\_

**NOTE: If someone occupies your unit other than yourself, you are required to complete a FORM K: NOTICE OF TENANT'S RESPONSIBILITY. This form must be completed within (14) fourteen days of occupancy taking place. If you do not have a FORM K, please download one at: [www.pacificquorum.com](http://www.pacificquorum.com)**

### EMERGENCY CONTACT(S):

NAME(S): \_\_\_\_\_

TELEPHONE NUMBERS:

HOME #: \_\_\_\_\_

WORK #: \_\_\_\_\_

MOBILE #: \_\_\_\_\_

DO THEY HAVE A KEY TO: THE COMPLEX? YES      NO  
YOUR UNIT?      YES      NO

### ONLINE ACCESS TO YOUR PROPERTY!

To receive important notices about your property electronically (meeting minutes, upcoming maintenance, bylaws, etc) please complete the following information:

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

You will receive a personal passcode and registration details from [pqonline@pacificquorum.com](mailto:pqonline@pacificquorum.com)

*By checking this box, I/we consent to the use of the above email address(es) by the Strata Corporation and its Agents for the use of Strata Corporation business, and consent to receiving newsletters, publications, notices, alerts, news and information from the Strata Corporation and its Agents.*

### PET REGISTRATION: (if applicable)

DO YOU OR YOUR TENANTS HAVE A PET(S)? If yes:

TYPE OF PET: \_\_\_\_\_

NAME: \_\_\_\_\_ COLOR: \_\_\_\_\_

BREED: \_\_\_\_\_

**PLEASE FILL OUT THIS FORM AND FAX TO 1-877-862-5700 OR EMAIL TO [KELOWNA@PACIFICQUORUM.COM](mailto:KELOWNA@PACIFICQUORUM.COM)**

**PLEASE NOTE THAT THIS INFORMATION IS KEPT CONFIDENTIAL AND USED ONLY IN THE EVENT OF AN EMERGENCY.**