

**EMERGENCY FORM**  
**STRATA CORPORATION LMS 1866 – THE ELECTRA COMMERCIAL**  
**Suite \_\_\_\_\_ - 970 Burrard Street, Vancouver, B.C. V6Z 2R4**

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 (604-683-7399) or 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 \_\_\_\_\_

**(1) Local Emergency Contact** \_\_\_\_\_ **Key (Y/N)** \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Res) \_\_\_\_\_ Telephone (work) \_\_\_\_\_

**(2) Local Emergency Contact** \_\_\_\_\_ **Key (Y/N)** \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Res) \_\_\_\_\_ Telephone (work) \_\_\_\_\_

**Please add any additional information you feel may assist us in notifying you in the event of an emergency.**

***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 \_\_\_\_\_

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