

STRATA PLAN VIS _____

CONFIDENTIAL OWNER INFORMATION FORM

PLEASE PRINT CLEARLY

Owner Name # 1	_ Unit No
Owner Name # 2	_ Strata Lot
Are you a non-resident owner ☐ Yes ☐ No If yes, what is your mailing address?	
Mailing Address:	
Owner # 1 Tel Home: () Work / Cell: ()	_ Email:
Owner # 2 Tel Home: () Work / Cell: ()	_ Email:
I request to receive strata corporation documentation by the following method(s);	
☐ Email Only (provide address)	
☐ Conventional Mail Only (to mailing address above) ☐ Both Email and Conventional Mail	
☐ I authorize to receive informational correspondence directly from Bayview Strata & Rental Services regarding industry information via email.	
Emergency Contact:	
Name:Tel #: ()	_ Email:
Address:	
Does this person have a key and/or codes required to access your unit?	□Yes □No

PRIVACY STATEMENT

By providing us with this information you consent to its use in accordance with this privacy statement. This information is collected for the purpose of identifying and contacting you with strata corporation documentation and in an emergency or incident regarding your property listed above. Personal information will not be disclosed except as required by law or for the purposes for which it was collected. You may update your personal information or obtain a copy of it by contacting the Strata Corporation's agent Bayview Strata Services. at phone – 250.586.1100, fax – 250.586.1102 or email – reception@bayviewmanagement.ca.