



CrossRoads Management Ltd.

OWNER/OCCUPANT INFORMATION & EMERGENCY CONTACT FORM

Strata Plan #/Name: **BCS 1430 – Liberty** Unit #: _____

Name of Owner(s): _____

Home Phone# _____ Work# _____ Cell Phone#: _____

Name of Occupant(s) (if different): _____

Home Phone# _____ Work# _____ Cell Phone#: _____

Note: Phone numbers may be shared with the council or public authorities upon their request, unless otherwise indicated.

E-Mail: _____

Pets: ☐ YES ☐ NO If yes, how many: _____ Description: _____

Monitored Security System: ☐ YES ☐ NO Security Company Name: _____ Tel. No. _____

Storage locker #(s): _____ Parking Stall #(s): _____

Fob#: _____ Fob#: _____

Make of Vehicle: _____ Colour: _____ License Plate #: _____

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EMERGENCY CONTACT

Extra Unit key left with: _____ Tel No.: _____

(It is a good idea to find a trusted neighbor or friend to keep a key in case we need to enter your suite in an emergency)

Emergency Contact #1:

Name: _____ Tel No.: _____

Address: _____

Emergency Contact #2:

Name: _____ Tel No.: _____

Address: _____

Signed: _____ Dated: _____

(Signature)

All information kept in strict confidence.

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