

# OWNER INFORMATION SHEET

PROPERTY MANAGER:

DATE:

CANADIAN RESIDENT  NON RESIDENT

STRATA Management Co. Name: \_\_\_\_\_ Strata Number: \_\_\_\_\_ BYLAWS Collected:  YES  NO

STRATA Property Mgr. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

RENTAL Property Info: Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

OWNER(S) Info: Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

PHONE NUMBERS: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

EMAIL(S): \_\_\_\_\_ Fax: \_\_\_\_\_

Emergency Contact(s): Name (Local): \_\_\_\_\_

PHONE NUMBERS: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## HOME DETAILS

<b>TYPE:</b>	<b>STYLE:</b>	<b>HEAT:</b>	<b>SEWER / WATER:</b>	<b>PARKING:</b>
<input type="checkbox"/> House	<input type="checkbox"/> Rancher	<input type="checkbox"/> Forced Air	<input type="checkbox"/> City Water	<input type="text"/> Garage
<input type="checkbox"/> Townhouse	<input type="checkbox"/> Bungalow	<input type="checkbox"/> Gas	<input type="checkbox"/> City Sewer	<input type="text"/> Carport
<input type="checkbox"/> Condo	<input type="checkbox"/> 2-Storey	<input type="checkbox"/> Electric	<input type="checkbox"/> Septic	<input type="text"/> Underground
<input type="checkbox"/> Suite	<input type="checkbox"/> Split	<input type="checkbox"/> Radiant	<input type="checkbox"/> Well	<input type="text"/> Tandem
<input type="checkbox"/> Duplex	<input type="checkbox"/> Basement	<input type="checkbox"/> Hot Water		<input type="text"/> Street
<input type="checkbox"/> 4-Plex	<input type="checkbox"/> _____	<input type="checkbox"/> Oil		<input type="text"/> Driveway
<input type="checkbox"/> _____				<input type="text"/> _____

<b>ROOMS:</b>	<b>FIREPLACE:</b>	<b>APPLIANCES:</b>	<b>EXTRAS:</b>	<b>MISCELLANEOUS:</b>
<input type="text"/> Bedrooms	<input type="text"/> Gas	<input type="checkbox"/> Fridge	<input type="checkbox"/> Pool	<input type="text"/> Square Feet
<input type="text"/> Bathrooms	<input type="text"/> Wood	<input type="checkbox"/> Stove	<input type="checkbox"/> Amenities Rm	<input type="text"/> Age
<input type="text"/> Den	<input type="text"/> Electric	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Deck / Patio	<input type="text"/> Parking Stall #
<input type="text"/> Family Room		<input type="checkbox"/> Garburator	<input type="checkbox"/> Hot Tub	<input type="text"/> Locker #
<input type="text"/> Games Room		<input type="checkbox"/> Microwave	<input type="checkbox"/> Sauna	<input type="text"/> Security System
<input type="text"/> _____		<input type="checkbox"/> Freezer	<input type="checkbox"/> Gym	<input type="text"/> W. Coverings
		<input type="checkbox"/> Washer / Dryer	<input type="checkbox"/> Built-in Vac	<input type="text"/> _____
		<input type="checkbox"/> _____		

PETS:  YES  NO

SMOKERS:  YES  NO

COMMENTS:

OWNER(S) SIGNATURE:

KEYS COLLECTED:  YES  NO  OFFICE SET  TENANT SET