



Street Address: #2033 – 1177 West Hastings Street  
 City-Postal Code: Vancouver, B.C. V6E 3T4  
 Office Phone No: (604) 338-8654  
 Email Address: info@sterlingmgmt.ca

**OWNER CONTACT INFORMATION FORM**

Name of Owner(s): \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Building Name: \_\_\_\_\_ Strata Plan # \_\_\_\_\_

Unit # \_\_\_\_\_ Lot # \_\_\_\_\_ Address: \_\_\_\_\_

Mailing Address: (If NOT residing in the above Suite) \*must fill out FORM K if unit is rented\*

\_\_\_\_\_

Tenant(s): (if applicable)

Tenant Name(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Note: If someone occupies your unit other than yourself, you are required to complete a FORM K: NOTICE OF TENANT’S RESPONSIBILTY. This form must be completed with (14) fourteen days of occupancy taking place. If you do not have a FORM K, please request one by emailing tyler@sterlingmgmt.ca**

Emergency Contact #1

Emergency Contact #2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Do they have a key to your unit? Yes \_\_\_ No \_\_\_

Do they have a key to your unit? Yes \_\_\_ No \_\_\_

Pet Registration: (if applicable)

Do you or your tenants have pet(s)? If yes:

Type of Pet: \_\_\_\_\_ Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

**PLEASE FILL OUT THIS FORM AND FAX OR EMAIL TO THE ABOVE OFFICE LOCATION.  
 PLEASE NOTE THAT THIS INFORMATION IS KEPT CONFIDENTIAL AND USED ONLY IN THE EVENT OF AN EMERGENCY.**