

**RE/MAX PROPERTY MANAGEMENT SERVICES
OWNER AND EMERGENCY CONTACT INFORMATION**

Date: _____

1st Owner _____
last name first name phone (work)

E-mail address: _____
phone (cell)

2nd Owner _____
last name first name phone (work)

E-mail address: _____
phone (cell)

Telephone (Res) _____

Unit No. _____ Street Address: _____

Name of Complex: _____

Mailing Address: (If different than above) _____

Residents (other than owners) _____

If your suite is rented please provide tenants' names & telephone numbers

Parking Stall(s) _____ Locker(s) _____

Pet(s) Describe _____

ALTERNATE CONTACT FOR EMERGENCIES

Contact Name _____

Address _____

Telephone (Res) _____ Telephone (Work) _____

**Please Return This Form To: RE/MAX Property Management Services
Suite 270 – 4311 Viking Way, Richmond, BC, V6V 2K9
Ph: (604) 821-2999 Fax: (604) 821-1822**