

EMERGENCY CONTACT SHEET – STRATA PLAN _____
OWNER / TENANT UPDATE & QUESTIONNAIRE

This form is to provide information that will enable Atira and the Council to respond quickly to any emergency situation that may occur in your unit. We request that the form be completed for each unit; please fax to 604-439-8804 or mail to ATIRA at 405 Powell Street, Vancouver, BC V6A 1G7 or email to info@atira.ca. The name of the Insurance agent handling your personal property insurance is required in case you are away and it is necessary to advise them of a problem, such as water damage or a break-in. If you have an alarm system that involves a private security company responding to the alarm, please also complete that section. **PLEASE PRINT CLEARLY!**

ALL INFORMATION RECEIVED WILL BE HELD IN STRICT CONFIDENCE. Thank you!

UNIT # _____ # OF OCCUPANTS/UNIT: ADULTS _____ CHILDREN _____

NAME(s) _____

MAILING ADDRESS (if not on-site) _____

E-MAIL ADDRESS (if you want to receive minutes via e-mail) _____

PHONE #(s) HOME _____ WORK _____

VEHICLE TYPE #1 _____ LICENCE # _____

VEHICLE TYPE #2 _____ LICENCE # _____

PARKING STALL #1 _____ PARKING STALL #2 _____

CLOSEST PERSON WHO HAS A KEY TO YOUR UNIT

NAME _____ PHONE _____

ADDRESS _____

CLOSEST RELATIVE OR NEXT OF KIN

NAME _____ PHONE _____

ADDRESS _____

DO YOU HAVE A SECURITY SYSTEM? YES _____ NO _____
IF YES – DOES YOUR SYSTEM SOUND AN ALARM? YES _____ NO _____
[OR] DOES IT HAVE A SILENT RESPONSE? YES _____ NO _____

RESPONDING SECURITY COMPANY

NAME _____ PHONE _____

PERSONAL PROPERTY INSURANCE AGENT

NAME _____ PHONE _____

ADDRESS _____

IF YOU ARE A TENANT PLEASE SUPPLY THE NAME AND ADDRESS OF YOUR LANDLORD
