

TML Management Group Ltd.

Owner's Record

Pursuant to **Strata Property Act** Schedule of Standard Bylaws (4) (1) Within 2 weeks of becoming an owner, an owner must inform the Strata Corporation of the owner's name, strata lot number and mailing address outside the strata plan, if any. **So please fill in the form below and return to TML as soon as possible for the records of the Strata Corporation. This information collected from owners will be kept confidential and used internally by the Strata Council and TML Management Group Ltd. only, for the purpose of administrating and operating the Strata Corporation.**

1. STRATA INFORMATION			
Property Name		Strata Plan Number (BCS/LMS/NW/NWS/EPS)	Strata Lot
Unit Number	Tower (if any)	Parking Stall #	Locker #
2. CONTACT INFORMATION			
Name of Owner(s)			
Name to appear on the Enterphone display _____		(if applicable)	
Phone # connect to the Enterphone _____		(if applicable)	
*Please note that programming will be done within 3 weeks and the programming service fee may apply			
Mailing Address (if different from above)		Email	
Phone #: (Res.) _____	(Work) _____	(Cell) _____	
Make & Model of Vehicle(s)		License Plate(s) #	
Remote Control with Buttons (Total)	pcs.	Code #	
FOB without buttons (Total)	pcs.	Code #	
3. TENANT INFORMATION (IF APPLICABLE)			
Name of Tenant(s)			
Phone #: (Res.) _____	(Cell) _____	Email _____	
*Please note a valid Form K must be signed by both parties within 2 weeks & issued with each tenant change.			
4. MAINTENANCE INFORMATION			
Occasionally, a maintenance problem will occur when it is imperative to enter the individual units for the correction of the problem. This is to be expected within the condominium or cooperative living.			
Repair work could be hampered when unit owner/residents are away on vacation or absent for extended periods. There could be extensive damage done to the building or the individual unit when the Strata Corporation has no way of contacting the owner.			
To avoid the problem , please provide Emergency Contact information.			
Emergency Contact Name _____		(Relationship) _____	
Phone #: (Res.) _____	(Work) _____	(Cell) _____	

Specimen of Signature of Owners (all owners on title should sign) _____

(The signature(s) could be used for verification purpose)