



Change of Profile Request

Request will only be processed upon receipt of this completed and signed form.

Effective Date of Change

Name of Owner(s)

Strata Plan

Strata Lot

Address of Unit

City

Province

Postal Code

Phone Number (Home)

(Cell)

(Office)

Email Address

.....
Please select required change(s).

A) ☐ Change Mailing Address

Old Address: _____

New Address: _____

.../2



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B) ☐ Change Contact Email Address

Old Email Address: _____ ☐ Forgot old Email address

New Email Address: _____

C) ☐ Change Contact Phone Number

Home: _____ Cell: _____

Office: _____

Signature of Owner(s)

Date

Print Name(s)