

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 | e(s). | | |
| A) 🛛 Change Mailing Addro | ess | | |
| Old Address: | | | |
| | | | |
| New Address: | | | |



| B) 🗆 Change Cor | ntact Email Address | | |
|-----------------------|---------------------|-------|------------------------------|
| Old Email Address | :: | | _ □ Forgot old Email address |
| New Email Addres | ss: | | _ |
| C) 🛛 Change Cor | ntact Phone Number | | |
| Home: | | Cell: | |
| Office: | | | |
| Signature of Owner(s) | | | Date |
| Print Name(s) | | | |

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