Contact Information Form

By completing the following form, you give the office of New Concept Management Inc. (NCM) consent to communicate with you via email regarding the ongoing business of the corporation and the office of NCM. If you prefer not to receive communication via email, please do not provide your email address.

Date: _____ **Property Name:** _____

Owner Information Below:

Full Address of unit: _____ PC: ____

Contact Name: _____

Phone Number: _____

Email Address: _____

Emergency Contact: _____Phone_____

Stall No.: _____ Storage Locker No.:_____ Vehicle License No.: _____

We "do not" live onsite. Redirect ALL Mail to the following:

Address: _____ Postal Code _____

Owner Email if different from above: _____

We are "Renting" our Unit. Renters contact information below:

Contact Name: _____

Phone Number: _____

Email Address: _____

Stall No.: _____ Storage Locker No.: _____ License No.:_____

PLEASE DO NOT WRITE IN THIS SECTION – OFFICE USE ONLY!

New owner entered into Spectra ☐ Previous owner removed ☐

New tenant entered into Spectra ☐ Previous tenant removed ☐