



STRATA PLAN LMS 74

PARKING VIOLATION REPORT FORM

PARKING VIOLATION INFORMATION

Date of observation: _____ Time of observation: _____ AM/PM

Location: _____

Vehicle license: _____

Vehicle description: _____

Associated unit # _____

REPORTED BY: _____

Unit # _____

Phone # _____

Date: _____

Signed: _____

All reports of parking violations will be kept in the strictest confidence. None of your personal information will be shared in any resulting correspondence.

Forward to: Strataco Management Ltd.
#101 - 4126 Norland Avenue
Burnaby BC V5G 3S8
Fax: 604-294-8956
Email: managers@stratacomgmt.com