

DEPRECIATION REPORT REQUEST FORM

First Name: Last Name: Unit #: Street:

City: Province: Postal Code: Email: Phone: Fax:

Strata Management Contact Information (if different than Primary Contact Information)

Company Name: N/A

First Name:

Unit #:

City:

Postal Code:

Phone:

Last Name:

Province:

Email:

Fax:

Strata Information

Strata/Development Name: Strata Corp. Address:

Primary Contact Information

Strata Plan Number:

Type of Strata:

Property Information (as available)

of Buildings: # of Strata Lots: # of Parking Levels: # of Floors:

of Windows Per Floor: (if readily available)

Type of Roof: Age of Roof:

of Elevators: Elevators Upgraded:
Sectioned Strata: Air Parcel Agreement:

Balconies/Decks/Patios: Green Building:

Type of Construction: Date of First Occupancy:



Facilities (check all th	at apply)			
Shared Laundry	Clubhouse	Marina/Dock	Pool	
Guest Room	Meeting Room	Fitness Room	Hot Tub/Sauna	
Underground Services	s (check all that apply)			
Water	Storm Drains	Sewer	Other	
Parking:				
Surface Parking	Carports	UG Parking	Garages	
Was Strata developmen				
Documentation Availa	ıble:			
Strata Corporation Byl	aws:			
Registered Strata Plan	:			
Architectural/Construc	tion Drawings:			
Prior Appraisals:				
Replacement Cost Anal	lysis:			
Prior Depreciation Rep	orts:			
Additional Comments	:			
Any Questions? Contact: The Kent-Macpherson team at #304-1708 Dolphin Ave, Kelowna BC P: 250.763.2236 F: 250.763.3365 E: info@kent-macpherson.com		To submit this form via email, download and open the form using Adobe Reader. Use the button below to submit the completed form, or save and email to info@kent-macpherson.com .		
		You can also sub	mit via fax 250.763.3365.	
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