

## OCCUPANT INFORMATION FORM

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Please fill this form if you are occupying the Unit but you are not the lease holder.

Lease Holder Name:

Unit:

-755 Caledonia Avenue, Victoria, BC, V8T 0C2

Information of Occupant(s):

**Occupant 1:**

Name:

Phone:

Email:

**Occupant 2:**

Name:

Phone:

Email:

\_\_\_\_\_  
Signature of Occupant 1

\_\_\_\_\_  
Signature of Occupant 2

\_\_\_\_\_  
Signature of Lease Holder

\_\_\_\_\_  
Date