

FORM DIRECTIONS: If you are accessing this form from the B.C. Government Web site, it can be filled out at the computer workstation. It can also be printed and completed by hand. If completing sections by hand, please *print clearly, using dark ink*. If you are completing this form at a computer, simply type in your response where required. If you cannot complete all the sections at the computer right away, you can print off what you have completed, and fill in the remaining fields by hand. It's important to note that you **cannot save** the completed form to your computer, therefore, after you complete the form, make sure you review the form for accuracy and print the number of copies you require **before** you leave the document or shut down the program/computer.

If the form you are completing does not have enough room for additional applicants or respondents, use this Schedule of Parties to continue. It is to be filed with your completed application.

FILE #:

PARTY'S NAME and ADDRESS

Note: if the 'Legal Name' of a party is a 'business name', enter the full business name in the 'last name' box'.

(check one box) Tenant Landlord Other:

Full Legal Name:

last name first name middle name(s)

Address (current address for service of documents):

unit or site number street number street name city province postal code

() () ()
 home phone business phone service fax

(check one box) Tenant Landlord Other:

Full Legal Name:

last name first name middle name(s)

Address (current address for service of documents):

unit or site number street number street name city province postal code

() () ()
 home phone business phone service fax

(check one box) Tenant Landlord Other:

Full Legal Name:

last name first name middle name(s)

Address (current address for service of documents):

unit or site number street number street name city province postal code

() () ()
 home phone business phone service fax

FILE #:

SIGNATURES:

Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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last name

first name

middle name(s)

Signature: _____

Date: _____
day month year

Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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last name

first name

middle name(s)

Signature: _____

Date: _____
day month year

Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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last name

first name

middle name(s)

Signature: _____

Date: _____
day month year