

OWNER INFORMATION FORM

Please complete and return to the address listed above at your earliest convenience so that we may keep your strata records up to date.

STRATA ROLL OWNER DETAILS FOR STRATA PLAN NO: _____ LOT NO: _____

FULL NAME OF OWNERS / COMPANY NAME (IF COMPANY, THE ACN)

RESIDENTIAL ADDRESS

POSTAL ADDRESS

_____ POSTCODE _____

_____ POSTCODE _____

PHONE: HOME _____ WORK: _____ MOBILE: _____

EMAIL: _____

PLEASE TICK WHICH YOU WOULD LIKE TO RECEIVE VIA EMAIL:

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LEVY NOTICES

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NOTICES & MINUTES OF MEETINGS

☐

ALL CORRESPONDENCE

SHOULD YOUR PROPERTY BE LEASED YOU ARE REQUIRED, UNDER SECTION 258 OF THE STRATA SCHEMES MANAGEMENT ACT 2015, TO NOTIFY THE OWNERS CORPORATION WITH 14 DAYS AFTER THE COMMENCEMENT OF THE LEASE.

LETTING AGENT: _____

LEVIES SENT TO AGENT ☐

OTHER CORRESPONDENCE TO THE AGENT ☐

AGENTS ADDRESS: _____ POSTCODE: _____

AGENTS PHONE NO: _____ AGENTS EMAIL: _____

CURRENT TENANT: _____ PHONE NO: _____