

CONTACT INFORMATION FORM

Return this completed form with updated contact information to: **info@tcmstratacoastal.com.au**

GENERAL ROLL INFORMATION:

NAME OF STRATA PLAN: _____

UNIT NO: _____ PROPERTY ADDRESS: _____

NAME OF REGISTERED OWNER/S: _____

HOME PHONE NO: _____ MOBILE PHONE NO: _____

EMAIL ADDRESS: _____

OWNERS RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS FOR SERVICE OF LEVY NOTICES & CORRESPONDENCE: _____

(IF SAME AS YOUR RESIDENTIAL ADDRESS, PLEASE NOTE 'AS ABOVE')

CURRENT LEASE INFORMATION:

MANAGING REAL ESTATE AGENT: _____

PHONE NO: _____ EMAIL: _____

PERIOD OF LEASE: FROM ___ / ___ / ___ TO ___ / ___ / ___

TENANCY: (CIRCLE ONE)

SHORT TERM

LONG TERM

HOLIDAY / LETTING POOL

OWNER SIGNATURE: _____ DATE: _____