



L i n k i n g   p e o p l e   a n d   p r o p e r t y

## REQUEST TO WAIVE PENALTY INTEREST / REINSTATE DISCOUNT

### OWNER INFORMATION

BUILDING NAME			
UNIT NUMBER		LOT NUMBER	
OWNER/S NAME <small>(as it appears on the Title)</small>			
MAILING ADDRESS			
A/H PHONE		B/H PHONE	
FACSIMILE		MOBILE	
E-MAIL			

### BASIS OF REQUEST

PLEASE SELECT ONE (1) OPTION	<input type="checkbox"/> WAIVE PENALTY INTEREST <input type="checkbox"/> REINSTATE DISCOUNT
Please provide the basis of your request, including any evidence to support your request	

OWNER SIGNATURE:	
DATE:	

Please submit this completed form to TCM Strata / Coastal.  
This will then be sent to the Committee for your Scheme for consideration and response.

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