



NEW OWNER DETAILS

To ensure we have current contact details for you and your managing agent or tenant (if applicable), please complete and return this form at your earliest convenience. This request is consistent with the provisions of Section 105 of the Strata Titles Act 1985 (as amended).

Unit / Lot / Apartment number: _____ **Street Number:** _____

Street Name: _____

Owners(s) Name(s): *as it/they appear on the Certificate of Title*

1) (Mr / Mrs / Ms / Dr / Other) _____

2) (Mr / Mrs / Ms / Dr / Other) _____

1) (First & Middle) _____

2) (First & Middle) _____

1) (Surname) _____

2) (Surname) _____

1) Signature: _____

2) Signature: _____

1) Home Phone: _____

2) Home Phone: _____

1) Work Phone: _____

2) Work Phone: _____

1) Mobile Phone: _____

2) Mobile Phone: _____

1) Email: _____

2) Email: _____

Contact Name if Owner is a company: _____

Please Tick if you wish to receive levy notices by email:

Postal Address for correspondence: _____

Residential Address: *(if different from postal address):* _____

Property Manager and / or tenant details *(if not Owner Occupied):* _____

Email: _____

Phone: _____ **Mobile Phone:** _____

Please return this completed form at your earliest convenience as follows:

By EMAIL to: strata@chambersfranklyn.com.au

or by POST to: PO Box 210 Karrinyup WA 6921