



TENANT DETAILS

Pursuant to the Strata Titles Act 1985 Section 105(4)(e), to ensure we have current contact details for your tenant(s) and your managing agent (if you have appointed a managing agent) please complete and return this form at your earliest convenience as follows:

By EMAIL to: strata@chambersfranklyn.com.au

or by POST to: PO Box 210 Karrinyup WA 6921

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

Street Name: _____ Suburb: _____

Owner(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) _____

Contact Name if Owner is a company: _____

Tenant(s) Name(s): *as it/they appear on the Lease Agreement*

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

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

(1) (First & Middle) _____

(2) (First & Middle) _____

(1) (Surname) _____

(2) (Surname) _____

(1) Mobile: _____

(2) Mobile: _____

(1) Email: _____

(2) Email: _____

(1) Home Phone: _____

(2) Home Phone: _____

(1) Work Phone: _____

(2) Work Phone: _____

Contact Name if Tenant is a company: _____

Lease Start Date: ____ / ____ / ____

Lease Finish Date: ____ / ____ / ____

Property Manager details _____

Email: _____

Phone: _____

Mobile: _____

Postal Address: _____

Street Address: _____
