

KEY DEPOSIT REFUND REQUEST**Contact Details:**

Name: _____ (Owner/Agent/Tenant) Signature: _____

Address: _____

Phone Number _____ Mobile _____

Email: _____

Strata Details:

Strata Plan Number: _____ Lot Number _____ Unit Number: _____

Address Of Property: _____

Refund Details:

Refund Amount: _____ Number of Keys/swipes: _____

EFT details: BSB _____ Account No: _____

Note: In order to obtain a refund, you are required to present a **payment receipt** and **photo identification****Office Use Only:**

Receipt Signed (Y/N) _____ Amount: \$ _____

Identification Sighted (Y/N) _____ Expense Account: _____

No. of keys/swipes received: _____ Description: _____ Unit _____ Refund key deposit _____

Date: _____**Please email this form to admin@strivestrata.com.au or alternatively please post to
P O Box 520 Hurstville NSW 1481.**