ABN 14 155 553 870
Please forward all correspondence to
PO Box 520 Hurstville NSW 1481
1300 002 888
strivestrata.com.au

KEY REQUEST FORM

Contact Details:

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

Address: _____

Phone Number_____Mobile _____

Email: _____

Strata Details:

Strata Plan Number: _____ Unit Number:_____

Address Of Property: _____

Key Details:

Access location:	Key type:	Quantity
_____	_____	_____
(Front Foyer, Rear Foyer, Garage, Gate etc)	(Key, Remote, Swipe, etc)	

Please provide details for the collection of the keys:

_____

_____

_____

(identification must be attached to this application for key requests)

Key delivery address: _____

Payment: ***Please contact our office for details on the costs involved & refunds***

I/We being the owner of the above lot authorise you to charge the costs

involved for the above keys to the levies of the above lot in the amount of: $_____

Date:_____

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