

UPDATE CONTACT DETAILS

In order for Strata North to keep accurate records for your complex we ask if you can please complete this form and return to our office at your earliest convenience

STRATA/DEPOSITED P	LAN No:
PROPERTY ADDRESS:	
FULL NAME:	
POSTAL ADDRESS:	
EMAIL ADDRESS:	
DO YOU WISH TO REC	EIVE YOUR LEVY NOTICES VIA EMAIL: YES NO
PHONE NUMBERS:	
SIGNATURE:	
DATE:	
MORTGAGEE DETAILS	
RENTAL AGENT DETAIL	LS:
REAL ESTATE AGENT:	
AGENTS EMAIL:	
DO VOLLWISH FOR VO	LID LEVY NOTICES TO BE SENT TO VOLID DENTAL AGENT. VES NO