

PO Box 125, Eastwood NSW 2122 02 9114 9599 waratahstrata.com.au

## Authority Form- Swipe Card / Fob / Remote / Key

Owner or Property Manager to Complete only.

| Strata Plan / Community No |   |           | Uı     |           |      |             |           |                     |
|----------------------------|---|-----------|--------|-----------|------|-------------|-----------|---------------------|
| Proper                     | ty Address  |           |        |           |      |             |           |                     |
| No. Red                    | quired  | Key       | /      | Fob       | /    | Remote      | / Card    | (please circle)     |
| <u>Prope</u>               | rty Owner's Details   |           |        |           |      |             |           |                     |
| Owner/                     | Company Name  |           |        |           |      |             |           |                     |
| Contac                     | t Name(s)   |           |        |           |      |             |           |                     |
| Contac                     | t Number  |           |        |           |      |             |           |                     |
| Contac                     | t Email   |           |        |           |      |             |           |                     |
| Tenant<br>Manag<br>Real Es | e complete this section if you are orests do not have authority to order any ke<br>er complete and order on your behalf<br>state Agency | ys or ac  | cess   | s devid   | ces  | - Please I  | nave yo   |                     |
| Тторст                     | ty Flanager   |           | itact  | - IVaiiii |      | -           |           |                     |
| Signe                      | d   |           |        | Date      |      | /           |           |                     |
| *By Sig                    | ning this authority form you are authorising V<br>account.  | Varatah . | Strato | a Manc    | ager | nent to cha | rge the c | above to the Owners |
|                            | y/Collection Method<br>indicate how you wish to receive Card/F  | ob/Rem    | ote:   |           |      |             |           |                     |
|                            | Postage Postal Address  |           |        |           |      |             |           |                     |
|                            | Pickup (Owner or Agent/Tenant to colle<br>Suite 17, level 1, 10 East Parade, East   |           |        |           |      |             | ement (   | office)             |
|                            | Nominated Person Collecting   |           |        |           |      |             |           |                     |
|                            | NOTE: All devices come with a three mont receipt. We would also suggest that yo   |           |        |           |      |             |           |                     |

Please email this Authority Form to <a href="mailto:info@waratahstrata.com.au">info@waratahstrata.com.au</a> ALL SALES ARE FINAL