

RESIDENT REGISTRATION FORM

PLEASE COMPLETE AND RETURN TO THE OFFICE
(All information is strictly confidential)

Apartment No:	Date of Occupation:
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RESIDENT 1

Name:		
Phone: Home	Mobile	Work
Email:		
Car Registration:	Car Make & Model & Colour:	
Car Space No:	Car Park Level:	
Car Space leased?:	Yes / No	Leased From:

RESIDENT 2 (If more than 2 residents request an additional form)

Name:		
Phone: Home	Mobile	Work
Email:		
Car Registration:	Car Make & Model & Colour:	
Car Space No:	Car Park Level:	
Car Space leased?:	Yes / No	Leased From:

LETTING AGENT DETAILS (if applicable)
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Name:	
Address:	
Phone:	
Email:	
Term of Lease:	(please supply copy of first page of lease with this form)

EMERGENCY CONTACT (Optional)

Name:	
Relationship to Resident:	
Phone 1:	Phone 2:

ACCESS PERMISSION

I/we authorise the Building Manager to provide keys (if held) to my apartment for required inspections including the Annual Fire Inspection or to access when I am unreachable if the need for maintenance or repair arises. (Note: Access can already be made in Emergencies and for maintenance under existing Strata Law).

Signed:

Name:

Date:

ACKNOWLEDGEMENT

I/we have received and read a copy of SP4680 By-Laws and agree to abide by them:

Signed:

Name:

Date:

Signed:

Name:

Date:

Office Use Only

Security Swipe Registration Numbers

- | | | |
|----|-----------------|-------------------|
| 1. | Date Activated: | Date Deactivated: |
| 2. | Date Activated: | Date Deactivated: |
| 3. | Date Activated: | Date Deactivated: |
| 4. | Date Activated: | Date Deactivated: |
| 5. | Date Activated: | Date Deactivated: |

Garage Remote Registration Numbers

- | | | |
|----|-----------------|-------------------|
| 1. | Date Activated: | Date Deactivated: |
| 2. | Date Activated: | Date Deactivated: |
| 3. | Date Activated: | Date Deactivated: |
| 4. | Date Activated: | Date Deactivated: |

Date Form received:

Signed:

Date Data Entered:

Signed:

Date of Departure:

Signed: