



ALTITUDE BODY CORPORATE & MANAGEMENT

Owner Information

Please return to:

Altitude Body Corporate & Management
PO BOX 105
Lavington NSW 2641
OR info@altitudebcm.com.au

Please complete in block letters. *Indicates mandatory data.

Property Details

Lot No.	Plan No.
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Registered Owner/s:

Property Address:

Primary Correspondence Contact

Title: _____	*First Name: _____	*Surname: _____
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Correspondence Address:

Number _____	Street _____
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Suburb/Town _____	State _____	Post Code _____
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Contact Phone Numbers:

Mobile _____	Home _____	Work _____
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Email Address:

Email _____

Secondary Correspondence Contact

Title: _____	*First Name: _____	*Surname: _____
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Correspondence Address:

Number _____	Street _____
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Suburb/Town _____	State _____	Post Code _____
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Contact Phone Numbers:

Mobile _____	Home _____	Work _____
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Email Address:

Email _____

Rental Agent Details

Agency _____

Company Address _____

Contact Person _____ Phone Number _____

*Please send all invoices to my agent for payment: YES / NO (please circle one)

Delivery Method for Accounts and Correspondence

*Please circle the applicable preferred method of mail receipt for your accounts and correspondence.

Accounts: EMAIL / POST (please circle one)

Correspondence: EMAIL / POST (please circle one)

Email Address: _____

Signature: _____

Date: _____