



***Owner Information***

Please return to:

Altitude Body Corporate & Management  
PO BOX 105  
Lavington NSW 2641  
OR [info@altitudebcm.com.au](mailto: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:
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Property Address:
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**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 _____
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**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 _____
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**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: \_\_\_\_\_