

Key/Swipe/Remote Request Form

Name:			
Are you the: Owner / Real Estate Ager	t/Tenant (Please circle)		
f you are an Agent, please supply Age	ncy Name:		
f you are an Owner/Tenant, please su Nanaging Agent Name & Contact num			
ot No.: Apt No	.:		
roperty Address:			
Apt Key Garage Remote Please place quantity in box)	Entry Swipe or Fob		Car Stacker Key / Fob
ey code (If known):			
Additional works required:			
Nominated delivery address: (A differe	ent address to your property is prefer	red):	
Please note our office will post the k	ey via registered post		
agree to pay for the cost of the key/ nd posted to my nominated address	remote and all other associated cost	s necessary	to have the key or remote ordered
igned:			
lame:			
Date:			
Office Use			
Date Received:	_Date Invoiced:	Inv#	Date Paid:
Wwner/Agent Verified: Yes 🗌	staff initial:		
Drdered – Keys:	Swipes:	G/Ren	note:
Date Sent:	_Tracking#:		
PLEASE EMAIL THE COMPLETED INFO TO:	<u>_admin@ausbodycorp.c</u> om.au	u	strata community association* VIC member