



## RESIDENT / REGULAR VISITOR REGISTRATION FORM

PLEASE COMPLETE FORM AND PLACE IN BODY CORPORATE LETTER BOX ON LEVEL 1, OR FAX TO: (03) 9510 4590

INFORMATION REQUESTED ON THIS REGISTRATION IS REQUIRED FOR MANAGEMENT OF DAY-TO-DAY NEEDS OF RESIDENTS, AND IN CASE OF EMERGENCY. PLEASE COMPLETE ALL SECTIONS IN CLEAR BLOCK LETTERS.

### DETAILS OF A SINGLE RESIDENT, OR REGULAR VISITOR HOLDING A CARD OR KEYS

Date	_____	Apartment No.	_____
Resident/Visitor Surname	_____	Given Names	_____
BH Phone	_____	AH Phone	_____
Mobile	_____	Email	_____
Next of Kin	_____	24hr Phone	_____
Rental Agency	_____		
Agent Name	_____		
Address	_____		
BH Phone	_____		
Owner Name	_____		
Address	_____		
BH Phone	_____		
AH Phone	_____		
Owner Signature	_____		
Agent Signature	_____		

### CARD & KEYS USED ONLY BY THIS RESIDENT / REGULAR VISITOR

#### KEYS ISSUED WITH APARTMENT OR >

Apartment Key - No.	_____
Gym Key - No.	_____
Letterbox Key - No.	_____

#### KEYS ORDERED FOR THIS RESIDENT / VISITOR

Apartment Key - No.	_____
Gym Key - No.	_____
Letterbox Key - No.	_____

#### CARD ISSUED WITH APARTMENT OR >

Access Card No.	_____
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#### CARD ORDERED FOR THIS RESIDENT / VISITOR

Access Card No.	_____
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### AMOUNT PAID - WHERE AN ADDITIONAL CARD OR KEYS WERE ISSUED

### CARPARKING ALLOCATED TO THIS RESIDENT / REGULAR VISITOR

#### PARKING INFORMATION

Vehicle Make	_____	Vehicle Model	_____
Registration No.	_____	Carpark No.	_____
Rented Carpark - Y/N	_____	Hours of Use	_____
Driver	_____	BH Phone	_____
Carpark Owner	_____	BH Phone	_____

### STORAGE USED BY THIS RESIDENT / REGULAR VISITOR

#### STORAGE UNIT'S INFORMATION

Storage Unit No.	_____	Level	_____
Built on Carpark No.	_____	Rented Storage -Y/N	_____
Storage Unit Owner	_____	BH Phone	_____

\* ACCESS CARDS NOT REGISTERED BY EACH OWNER, RESIDENT OR REGULAR VISITOR WILL BE CANCELLED