

**KEY REQUEST FORM****Contact Details:**

Name: \_\_\_\_\_ (Owner/Agent/Tenant) Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

**Strata Details:**

Strata Plan Number: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Address Of Property: \_\_\_\_\_

**Key Details:**

Access location: \_\_\_\_\_ Key type: \_\_\_\_\_ Quantity \_\_\_\_\_

\_\_\_\_\_  
(Front Foyer, Rear Foyer, Garage, Gate etc) (Key, Remote, Swipe, etc)**Please provide details for the collection of the keys:**\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_*(identification must be attached to this application for key requests)*

Key delivery address: \_\_\_\_\_

**Payment: Please contact our office for details on the costs involved & refunds**

I/We being the owner of the above lot authorise you to charge the costs

involved for the above keys to the levies of the above lot in the amount of: \$ \_\_\_\_\_

**Date:** \_\_\_\_\_**Please email this form to [admin@sarrafrata.com.au](mailto:admin@sarrafrata.com.au) or alternatively please post to  
P O Box 520 Hurstville NSW 1481.**