

C.F. STRATA MANAGEMENT



Professional Boutique Strata Managers

7-9 GENERAL BRIDGES CRES. KINGSFORD
SYDNEY, N.S.W. AUSTRALIA 2032
ALL MAIL TO: P.O. BOX 636
KINGSFORD NSW 2032
PH: (02) 9313 6255 FAX: (02) 9313 8809
www.cfstrata.com.au



PET REQUEST FORM

OCCUPANCY DETAILS

NAME OF REQUESTEE

.....

NAME OF AGENT (IF LEASED)

.....

UNIT NUMBER AND ADDRESS DETAILS

.....

DETAILS OF PET

PET TYPE **EXPECTED ADULT WEIGHT OF PET** **KG**

BREED

SEX AND AGE

HAS THE PET BEEN REGISTERED Yes / No (If Yes, attach copy of registration)

HAS THE PET BEEN VACCINATED Yes / No (If Yes, attach proof of vaccination)

ATTACH ANY SUPPORT INFORMATION, SUCH AS REFERENCES AND THE LIKE

OWNER/OWNERS AGENT TO COMPLETE (To be completed if unit is leased)

I **BEING THE OWNER/OWNERS AGENT OF UNIT**

..... **AT STRATA PLAN** **AUTHORISE FOR A PET APPLICATION TO BE**

LODGED WITH THE OWNERS CORPORATION AND APPROVE FOR THE PET DESCRIBED TO RESIDE WITHIN THE LOT SUBJECT TO THE OWNERS CORPORATION APPROVAL. IF SIGNED BY THE AGENT, THIS IS CONFIRMING THAT I HAVE RECEIVED THE OWNERS CONSENT WITH REGARD TO THIS REQUEST.

Signed by Requestee

Signed by Owner / Owners Agent