C.F. STRATA MANAGEMENT

Professional Boutique Strata Managers



SUITES 305 & 306, 30 - 40 HARCOURT PARADE ROSEBERY NSW 2018 PH: (02) 9313 6255 FAX: (02) 9313 8809 www.cfstrata.com.au



PET REQUEST FORM

NAME OF APPLICANT

NAME OF AGENT (IF LEASED)

UNIT NUMBER AND ADDRESS DETAILS

DETAILS OF PET

PET TYPE

EXPECTED ADULT WEIGHT OF PET

BREED

SEX AND AGE

HAS THE PET BEEN REGISTERED

HAS THE PET BEEN VACCINATED

ATTACH ANY SUPPORT INFORMATION, SUCH AS REFERENCES ETC.

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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