

## KEY/SWIPE/FOB APPLICATION

### Property Details

Strata Plan Number: _____	Lot Number: _____	Unit Number: _____
Property Address: _____		Unit Level: _____
Owner name: _____		Order date: _____

### Contact Details

I am the:            Owner <input type="checkbox"/> Agent <input type="checkbox"/> Tenants – Please contact your Property Agent for assistance		
Full Name: _____	Company (If Agent): _____	
Phone: _____	Email: _____	
Identification (Drivers Licence /Passport Number) _____	Signature: _____	

### Order Details

Cost and payment details will be provided once this form is completed and emailed to [support@psmgstrata.com.au](mailto:support@psmgstrata.com.au)  
 Please note: All orders requiring a Letter of Authority will incur a \$33.00 (inc GST) fee, payable before issue.

Key: <input type="checkbox"/> Qty _____	Fob/Swipe <input type="checkbox"/> Qty _____	Garage Remote <input type="checkbox"/> Qty _____
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Reason for Request:    Additional <input type="checkbox"/> Replacement/Lost <input type="checkbox"/> Faulty <input type="checkbox"/> Damaged <input type="checkbox"/>
Please provide Fob/Swipe number to be replaced: _____

### Delivery Instructions

Pick up <input type="checkbox"/> PSMG OFFICE - By Appointment Only    102 / 582 Princes Hwy Rockdale NSW 2216
<i>Photo ID Required</i> Name: _____    ID: _____
Signature on Collection: _____    Date: _____
Post To <input type="checkbox"/> Name: _____    Mobile: _____
Address: _____

### Terms and Conditions

1. The FOB(s), Keys and Remotes once purchased, are not returnable and are non-refundable
2. These items are being issued for explicit use of the Resident(s) who resides in the complex and/or the Agent acting on the Owner's behalf or a Tenant as authorised by the Owner or Agent only.
3. Should you no longer reside within the complex, you must return the items to the Authorised Party
4. FOB(s) and Remotes will be DE-ACTIVATED if they are not in the possession of the Authorised Resident

### Office Use Only

Code Numbers Issued: _____	Date Payment Received: _____
Total Amount Received: _____	Date Posted/Collected: _____
Postage Required: _____	Tracking Number: _____
Finalised by Staff: _____	

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