

TOP OF THE TOWN

227 VICTORIA STREET

RESIDENT REGISTER

Owner / Resident

Tenant

Apartment Number: _____

Residents Names:

Please provide names and contact details for all persons residing in the apartment.

Surname: _____ First name: _____ Contact No: Mob: _____
Work: _____
Email _____

Surname: _____ First name: _____ Contact No: Mob: _____
Work: _____
Email _____

Surname: _____ First name: _____ Contact No: Mob: _____
Work: _____
Email _____

Surname: _____ First name: _____ Contact No: Mob: _____
Work: _____
Email _____

Leasing:

Please provide details of Leasing Agent or if not an Agent, the Landlord.

Name of Real Estate Agent/Landlord: _____

Contact Name: _____

Contact Number: _____

Email address: _____

Period of Lease: From / / To / /

Vehicle/s Details (Car Stacker):

Car stacker space: Own Rent please provide Apartment number renting from _____

Remote Handset PIN _____

Vehicle Details: Make _____

Model _____

Colour _____

Registration _____

Spare Keys:

Please provide details of anyone authorised to use spare keys. (e.g., cleaner, house keeper, pet walker, etc)

Note: This does not include residents of the apartment listed above.

At all times should your key need to be issued to other parties your authorisation is required in advance to Concierge or via email to the Building Manager, tott@tott.com.au

Full name: _____ Frequency (if known) _____

Company: _____

Contact No: _____

Full name: _____ Frequency (if known) _____

Company: _____

Contact No: _____

Pets:

Please provide details of pets belonging to you.

Type _____

Name _____

Mail/Parcels/Deliveries:

For your assistance, please provide any names items may be received in, eg, company name, etc.

Your time in providing the above information is appreciated.

Yours sincerely,

Lesley Dewberry
Building Manager
Top of the Town