JETTY STRATA MANAGEMENT

Liability limited by a scheme approved under Professional Standards Legislation
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STRATA SCHEMES MANAGEMENT ACT

STRATA INTEREST NOTICE (Section 22) / TENANCY NOTICE (Section 258)

** Indicates Sections must be completed

To the Secretary, The Owners - **Strata Plan**: _____ ** **Lot**(s) concerned: _____ **

Address: c/- Jetty Strata Management, Coffs City Square Suite 2 / Level 1, 50-64 Harbour Drive

Owner(s) Full Name(s): _____ **

(1) Owners Australian Residential Street Address: _____

_____

OWNERS CONTACT DETAILS:

H:_____ Wk:_____ Mob 1: _____ Mob 2:_____

Email(s): _____

Communication Preferences: How would you like to receive information relating to your property?

I/We authorise the Owners Corporation of the Strata Plan and its representatives (including the Agent according to its privacy policy) to use my personal information for the purposes of administering the strata plan, operating its business and deliver the following per my direction. I/We acknowledge that it is my/our responsibility as the lot owner (s) to advise the agent in writing of any change of email address and/ or mobile number as it occurs.

DELIVERY: Please Choose One Option for each if via post

Levy Reminders:	Correspondence, Meeting Notices & Minutes:
☐ Email/Electronic (To Owner)	☐ Email/Electronic (To Owner)
☐ By Post	☐ By Post
☐ To Managing Real Estate Agent (By Email Yes / No) Please indicate	☐ To Managing Real Estate Agent (By Email Yes / No) Please indicate

(2) Owners Address for Service of **Notices** (Eg: Meeting documents) ***(If different from (1) above)***

_____

(3) Owners Address for Service of **Levy Notices** ***(If different from (1) above)***

_____

(4) **DIRECT DEBIT for Levy payments:** ☐ I / We consent to my email address/s being provided to **DEFT** for the purposes of receiving an invitation to set up the option of Direct Debit to pay my/ our strata levies.

Email(s): _____

Please note: You must provide your email address to receive the DIRECT DEBIT INVITATION

IS YOUR UNIT RENTED ❑ YES ❑ NO IF YES PLEASE ALSO COMPLETE THE FOLLOWING:

(5) **Tenant Information**

Name/s: _____

Contact Nos: H:_____ Wk: _____ Mob: _____

Email: _____

Lease Commencement Date: _____ Length of Lease: _____ (6 or 12 months)

If Commercial or Industrial Lot: Details of Usage: _____

(6) **Managing Agent Information**

Agent Name: _____ Office Ph No:_____

Postal Address: _____

General Email: _____

Levy Notice Email: _____

**** IMPORTANT NOTE **** Real Estate Agents receiving levy notices and other correspondence should nominate a **central** email account in which to receive documents and not one specific property manager.

Are you the: ❑ OWNER ❑ EXECUTOR ❑ SOLICITOR ❑ MORTGAGEE IN POSSESSION

Lot Owners/Agents Signature: _____ **Dated:** _____