strata united

Order Access Device Form

In order to expedite the issuing of access control device(s), it is recommended that you complete the details below so we can issue or have ready the access device(s) for mailing or collection.

CONTACT DETAILS

Name: _____ (Owner / Agent / Tenant)

Signature: _____ Date: _____

Strata Plan No: _____ Lot No: _____ Unit No: _____

Address: _____

Phone Number: _____ Mobile: _____

ACCESS DEVICE DETAILS

Access Device Type: _____
e.g. fob tag, garage remote, swipe card

Access Location: _____
e.g. block, stairwell, garage

Quantity: _____

> Please email this form to **info@strataunited.com.au** or post it to: **Level 4, Suite 79, 330 Wattle Street, ULTIMO NSW 2007**