

Order Form – Remotes/Keys/Fobs

TO BE COMPLETED BY OWNER OR PROPERTY MANAGER ONLY

Please circle item required:

GATE REMOTE

GARAGE REMOTE

FOB/SWIPE CARD

KEY

Please advise details of Key required: _____

Please Indicate quantity required:

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Total Cost of Order (Please contact our office to confirm price of remote/keys/fobs prior to ordering): \$ _____

What is the Unit Number and Street Address of the property requiring Remote/Key/Fob : _____

Name of Person Ordering: _____

Your Contact Phone Number: _____

Your Email Address: _____

Are you the OWNER

or PROPERTY MANAGER

Please advise the name of the Property Management Company: _____

Please advise the billing address for the cost of the order: _____

Signature of Person Ordering: _____

Date of Request: _____

- Please note once signing this request you, as the Owner/Property Manager, are authorising Pro-Active Strata Management to charge the above mentioned lot for the total cost of the Remote/Keys/Fobs ordered.
- Please note an invoice will be forwarded to the Owner/Property Manager and payment is required within 7 day
- Please note we require Photo ID to be shown when picking up Remotes/Keys/Fobs from our office.

Name of Person who will be Collecting Order: _____

OFFICE USE ONLY

Issued (please circle):

Remote #1

Remote #2

Remote #3

Fob

Key

Serial Number/s Issued: _____

Issued by (Staff Name): _____

Date of Issue: _____

Lot Number:

Strata Plan No: _____

Invoice Issued:

Date of Pickup by Owner/Property Manager: _____

Name of Person Collecting Order: _____

Signature of Person Collecting the Order: _____

Photo ID checked and attached:

Signature of Staff Member Completing Form: