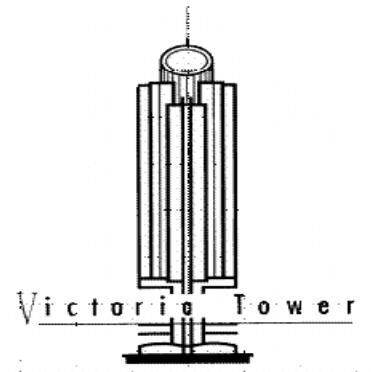


PET APPLICATION & REGISTRATION FORM
SP 51487 - 197 CASTLEREAGH ST, SYDNEY



CONTACT DETAILS

Name:

Address:

Phone (h):

Mobile:

Email address:

UNIT DETAILS

Unit Number:

PET DETAILS

Type of Animal:

Name:

Breed:

Colour:

Age:

Weight (kg):

Height (cm):

Gender: Male / Female

Desexed: Yes / No

Registration No:

Microchip No:

Further details:

DISCLAIMER & SIGNITURE

1. You acknowledge that you have read, understood and will comply with the attached By-Law & any reasonable request from Building management
2. If approval is granted by the Strata Committee, it will be subject to any conditions imposed through the attached By-Law.
3. Please forward your completed application and any supporting documentation to bm@victoriatowersydney.com.au
4. If you are a tenant you must obtain the Owners consent to this application
5. Any additional fee payable by the owner may be levied to process this request.

FORM COMPLETED BY

Name:

Signature:

Date:

OWNER APPROVAL (If you are a tenant) - consent can be provided via email to bm@victoriatowersydney.com.au

Name:

Signature:

Date: