



CPC

ABN: 42 106 772 598
234 Pacific Highway
Po Box 1450
Coffs Harbour NSW 2450
Phone: 02 6651 8866
Fax: 02 6652 7960

Strata Inspection Order Form

FIRM'S DETAILS

Name of Firm: _____
Contact person: _____
Postal Address: _____
Telephone: () _____ Fax: () _____
Email: _____

BUILDING DETAILS:

Strata Plan No: _____ Lot No: _____ Unit No: _____
Address of Building: _____
Strata Manager: _____
Telephone: () _____ Fax: () _____

PURCHASERS DETAILS

Full Name: _____
Telephone: () _____ Fax: () _____
Email: _____

VENDORS DETAILS

Full Name: _____
Solicitor/Conveyancer _____

Report mode: Fax: Email

By submitting this request I accept responsibility to ensure payment of the invoice.

Authorised By: _____ Date: _____

Local Report Cost: **\$275.00 (inc GST).**

Out of area or large complexes may incur additional charges. Please contact us for further information. Please note that an Owner's/Solicitor's Authority is required before an inspection time can be made.

Return Fax: (02) 66527960

AUTHORITY TO INSPECT STRATA RECORDS

To: The Owners Corporation

Strata Plan:

I/We, the Vendor/s, _____, hereby
authorise the Purchasers, _____ and/or
CPC Property Sales to inspect strata records with respect to the property located at

Dated this _____ day of _____ 2010.

Vendors Signature _____:

Vendors Name _____: