

**ACCESS FOB ISSUE**

Date: \_\_\_\_\_

Fob/Access Card required:

Rec Fob    Vehicle Card Qty: \_\_\_\_\_    Vehicle Sticker Qty: \_\_\_\_\_    Remote (Solo only) Qty: \_\_\_\_\_

**RESIDENT DETAILS**

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**HOME OWNER**

Signed: \_\_\_\_\_

This fob is to remain the property of the Lot and I acknowledge that in the event of the property being sold this fob is to be made available to any future owner upon settlement.

**TENANT**

Signed: \_\_\_\_\_

This fob is to remain the property of the Lot and I acknowledge that at the end of the tenancy this fob must be returned to the Property Manager for the sole use of any future tenant.

Managing Agent: \_\_\_\_\_

*Please email your completed form to [admin@cwmut.com.au](mailto:admin@cwmut.com.au),  
your fob will be available for collection the following day from 9am.*

COLLECTED FROM OFFICE    DELIVERED TO MAILBOX    POSTED

**FOR OFFICE USE ONLY:** BODY CORPORATE: \_\_\_\_\_ LOT #: \_\_\_\_\_

|                     |  |                 |  |
|---------------------|--|-----------------|--|
| CHARGEABLE:         | <input type="checkbox"/> YES <input type="checkbox"/> NO | AMOUNT PAID: \$ | <input type="checkbox"/> CASH <input type="checkbox"/> EFT |
| TYPE OF FOB ISSUED: | REC FOB  | VEHICLE CARD    | VEHICLE STICKER  |
| VEHICLE REMOTE      |  |                 |  |
| FOB/CARD NUMBER:    |  |                 |  |

|              |   |                   |  |
|--------------|---|-------------------|--|
| ID VERIFIED: | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | ID TYPE PROVIDED: |  |
|--------------|---|-------------------|--|

|                                 |  |  |  |
|---------------------------------|--|--|--|
| WERE FOBS OR CARDS DEACTIVATED? | <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, LIST FOB AND CARD NUMBERS DEACTIVATED: |  |
|---------------------------------|--|--|--|

|                              |  |       |
|------------------------------|--|-------|
| FORM COMPLETED BY:           |  | DATE: |
| FORM ENTERED ON REGISTER BY: |  | DATE: |
| INVOICE NUMBER ISSUED:       |  | DATE: |