

REQUEST FOR PROPERTY REPORT



Fax your order to (02) 8016-0800

Email: orders@cpreports.com.au

PO Box 750 ♦ MATRAVILE NSW 2036 ♦ T: 1300-679-801 ♦ F: (02) 8016-0800

FIRM NAME: _____ DATE: _____

POSTAL ADDRESS: _____

TEL: _____ FAX: _____ EMAIL: _____

YOUR REFERENCE: _____ MATTER NAME: _____

PROPERTY ADDRESS: _____

VENDOR: _____ SELLING AGENT: _____

OWNERS CORPORATION RECORDS INSPECTION:

STRATA TITLE * LOT: _____ STRATA PLAN: _____

COMMUNITY ASSOC. OR STRATUM LOT * LOT: _____ DP NUMBER: _____

NEIGHBOURHOOD ASSOCIATION * LOT: _____ DP NUMBER: _____

COMPANY TITLE COMPANY NAME: _____

SHARE NUMBERS: _____ TO _____

* Please note: If the Strata Plan forms a part of a Community/Neighbourhood Association, an additional charge will be incurred. Also note the Community/Neighbourhood Association records are often held independently from the Strata Plan records and usually at a different venue. In this case a second inspection will be required and a second report charge will be incurred. Please tick below if you require us to search the Community/Neighbourhood Association Records and provide us with the DP number.

MANAGING AGENT DETAILS: ** _____

ADDRESS: _____ TEL: _____

** Please note: In many cases we are required to provide an Authority from the Vendor or Vendor's Solicitor before we can inspect the Owners Corporation Records. Where possible, please provide same at the time you submit your order.

SITE INSPECTIONS:

REPORT REQUIRED (Please Indicate) PEST REPORT AND/OR BUILDING REPORT

SELLING AGENT: _____

TEL: _____ PURCHASE PRICE OF PROPERTY: _____

CREDIT CARD: SHOULD YOU/YOUR CLIENT WISH TO PAY BY CREDIT CARD, PLEASE COMPLETE

CARD NO: _____ / _____ / _____ / _____ EXPIRY: _____

NAME ON CARD: _____ Mastercard Visa Amex

OFFICE USE ONLY: BOOKED TRACKER INV/NO: _____ PRI: _____

DATE: _____ TIME: _____ INS: _____ AUTH REQ: YES NO

O/T: YES NO O/T DT: _____ REQ ACTION: _____