|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YOUR CONTACT DETAILS** | | | | | |
| First name |  | | Last name |  | |
| Apartment number | |  | Contact phone/mobile | |  |
| Email address | |  | | | |

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| --- |
| Please complete this form to notify any matters requiring *routine* attention. Email your completed form to  [newactonsouth@gradystrata.com.au](mailto:newactonsouth@gradystrata.com.au?subject=NewActon%20South%20-%20Notification%20Form) or hand to the Building Manager who can also be contacted Monday to Friday between 8.00am and 3.00pm on 0402 791 214. You can ‘click and type’ in the form or fill by hand.  *Urgent* out-of-hours matters should be reported to Grady Strata on (02) 6251 1214. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NOTIFICATION** | | | | | |
| **What does your notification/matter relate to?** | | | | | |
|  | Maintenance |  | Replace equipment |  | Cleaning |
|  | Vehicle parking |  | Vehicle access |  | Bikes / scooters |
|  | Pets / animals |  | Move in / out |  | Noise |
|  | Emergency lighting |  | Common area lighting |  | Plumbing /water / leaks |
|  | Fire safety |  | Other | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Where does your notification/matter relate to?** | | | | | |
|  | Building foyer |  | Garage |  | Rubbish room |
|  | Podium gardens |  | Gym & bathrooms |  | Own apartment / balcony / courtyard |
|  | Lifts |  | Common corridors |  | Lift foyer on your level |
|  | Entry / exit doors |  | External area |  | Other |

|  |  |
| --- | --- |
| **Date of event (DD/MM/YY)** | /     / |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Any action taken by you?** | | | | | | |
| Was this matter reported before? |  | Yes - date (DD/MM/YY)      /     / | |  | | No |
| Have you taken any action yourself? | |  | Yes - outline in the box below |  | No | |

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| **Please provide additional information to assist Canberra Strata in managing your notification** |
|  |

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| **If your notification relates or refers to another resident your information may need to be disclosed to resolve the matter.** |

|  |  |
| --- | --- |
| Signature |  |
| Date (DD/MM/YY) | /     / |