



## Azure - Security Access Request Form

Once you have completed the necessary details please give the form to Helm Group by emailing [bm@azurerhodes.com.au](mailto:bm@azurerhodes.com.au) or by post to Helm Group, Shop 5 / 43 Shoreline Drive, Rhodes, NSW 2138.

| APT No. | STREET ADDRESS (please tick)  | No. of Bedrooms   |
|---------|---|---|
|         | <input type="checkbox"/> 42 Shoreline Drive (Blg 1) <input type="checkbox"/> 3 Nina Gray Ave (Blg 2)<br><input type="checkbox"/> 5 Nina Gray Ave (Blg 3) <input type="checkbox"/> 2 Darling Ave (Blg 4) | <input type="checkbox"/> Studio <input type="checkbox"/> 1 Bedroom<br><input type="checkbox"/> 2 Bedrooms <input type="checkbox"/> 3 Bedrooms |

| PERSON ORDERING THE ITEM |                       |                          |                  |                       |                          |
|--------------------------|-----------------------|--------------------------|------------------|-----------------------|--------------------------|
| OWNER                    | Strata roll confirmed | <input type="checkbox"/> | AGENT            | Current lease sighted | <input type="checkbox"/> |
| Name:                    |                       |                          | Name:            |                       |                          |
| Contact details:         |                       |                          | Contact details: |                       |                          |

| SECURITY ACCESS ITEM REQUIRED            |          |                          |           |
|--|----------|--------------------------|-----------|
| DESCRIPTION                              | QUANTITY | PRICE (includes postage) | ITEM CODE |
| <input type="checkbox"/> Access Fob      |          | \$ 145 (inc GST)         |           |
| <input type="checkbox"/> Car Park Remote |          | \$ 200 (inc GST)         |           |
| <b>Total Amount to be Paid</b>           |          |                          |           |

If paying by direct debit you must attach a copy of your receipt to this application form.

The account details for the building are as follows:

Account Name: SP 87506

BSB: 182-222

Account Number: 298 101 957

Description: Apt #, Blg #, Strata Plan #, Surname, First Name

### IMPORTANT INFORMATION

- Additional security access items can *only* be purchased by the owner or the owner's agent. **ALL AMOUNTS ARE NOT REFUNDABLE- THIS IS A PURCHASE NOT A REFUNDABLE DEPOSIT**
- A separate form must be completed for each apartment seeking keys
- Payment **MUST** be made in full before the order is processed
- All prices are subject to change without notice.
- Please ensure you take your time and fill out the form correctly. The Owners Corporation accepts no responsibility for any costs incurred as a result of the applicant giving incorrect information.

### Agreement

I have read and understand the conditions upon which permission to receive an additional access device and undertake to abide by those conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date