

MADISON on SYMONDS APARTMENTS

160 Symonds St, Eden Terrace, Auckland

Apartment No: _____

Dear Owners / Property Managers / Tenants,

Please provide the requested details/information of your occupancy. This is a Body Corporate requirement in case of Emergencies, Evacuation, as well as access to the building, your safety and wellbeing whilst residing at Madison On Symonds Apartments.

Property Manager/Owner(s) Name: _____

Phone No: _____ Email: _____

All Occupants/Residents/Tenants

Name (please print clearly)	Phone	Email (please print clearly)

****Please attach a Photo ID for verification***

Number of Access Swipes/Tags Held: _____

Basement Car Park No: _____

Number of Car Park Remotes Held: _____

Basement Car Park No: _____

Vehicle Type and Registration: _____

Vehicle Type and Registration: _____

Signature (Occupant/Representative): _____ Date: _____

***Please return the completed form to the manager via email or simply place it in the Body Corp Letter Box (Basement)*

Thank you for your cooperation.

Building Manager: Edwin

Phone: 027 778 6347

Email: madisononsymonds@gmail.com