



1300 88 11 96  
info@visionbm.com.au  
visionbm.com.au

## OWNER / RESIDENT REGISTRATION

**Dear Owner / Resident,**

We would appreciate you taking a few minutes to provide as much information as possible as this assists in the efficient management of your building and will only be used by the Building Manager, for the efficient execution of their duties.

The provision of this information is not compulsory, however should it be necessary to contact any resident for a delivery, in an emergency or for essential maintenance, you may have to indemnify the Building Manager against any loss due to the supply of inadequate or incorrect information.

We ask that you endeavour to keep the information provided up to date. You can assist by providing any change of details at it arises.

### NAME OF PRIMARY CONTACT *(Please Print Names Clearly)*

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Daytime# or Mobile # \_\_\_\_\_ Email \_\_\_\_\_

First Name	Surname	Daytime # or Mobile#	Email

**OWNERS NAME** (if not listed above) \_\_\_\_\_

**AGENTS NAME** (if tenanted) \_\_\_\_\_

**AGENTS CONTACT NUMBER** \_\_\_\_\_

**AGENTS EMAIL ADDRESS** \_\_\_\_\_

**I AGREE TO THIS INFORMATION BEING COLLECTED AND HELD IN THE BUILDING MANAGERS OFFICE**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SECURITY DETAILS

To ensure that the security of your home we require your assistance and ask that you take the time to register your security key and device information

Name of person in possession of devices	Key #	Fob / Swipe #

It is important that all the information is accurate and up to date as all unaccounted for devices will be considered lost/ stolen or misplaced and will be deactivated to preserve the integrity of the system.

## EMERGENCY EVACUATION ASSISTANCE DETAILS

Should you require assistance to leave the building in the event of an emergency evacuation we can furnish the Fire Brigade / emergency response services with instructions to assist you.

Please advise if;	YES	NO
Do any occupant/s require assistance to exit your apartment?		
Do any occupant/s require assistance exiting the building via fire stairs?		
If YES please advise who needs assistance and why;		
Name:		
Reason:		
Name:		
Reason:		

## OTHER REGISTRATION / BOOKINGS NEEDED

Please advise if;	YES	NO
Do you know when you are hoping to move in?		
Do you have a pet/s?		

*If you answer yes please take the time to complete the move in, move out, furniture & appliance deliveries form and pet registration form.*

We thank you for taking the time to complete Revolution Apartments Registration.

Kind regards

**Vision Building Management Group Team**