

SHORE 2/3 STUDIOS 13 HICKSON RD

SWIPE CARD REQUEST FORM

Date: _____

Apartment Number: _____

Name of Tenant/Resident: _____

Name Of Agent (If Applicable): _____

Number of Swipe Card's Requested: _____

*Please note that a Cheque or Money Order in the order of \$25 per fob is to be made payable to **Strata Plan 73989***

*Alternatively you can pay by **Direct Deposit to BSB 182-222 Account 2178 44166***

Signature: _____

Concierge Signature: _____