



**LESSOR INFORMATION UPDATE**

Please complete this Lessor Information form and return it by mail, fax or email.

**ADDRESS OF RENTAL PROPERTY:** .....  
.....  
.....

**LESSOR NAME/S:** ..... **TITLE:** .....  
(As they appear on ..... **TITLE:** .....  
property title) ..... **TITLE:** .....

**POSTAL ADDRESS :** .....

**EMAIL ADDRESS:** .....

**Would you like to receive your End of Month statement via email? YES/NO**

**PHONE NUMBERS:** (H) ..... (W) .....(FAX) .....  
(M) .....  
(H) ..... (W) .....(FAX) .....  
(M) .....

**In the event that we are unable to contact you who would you like us to call?**

**EMERGENCY CONTACT:** **NAME:** .....  
**CONTACT NUMBER:** .....

DO WE PAY? GENERAL RATES: YES/NO  
WOULD YOU PREFER? QUARTERLY/ANNUALLY  
LAND TAX: YES/NO  
WATER & SEWERAGE: YES/NO

UNIT LEVIES: YES/NO

BODY CORPORATE: .....

UNITS PLAN NO. ....

In the event that we need to make an Insurance Claim for your property we would appreciate it if you would advise us of your insurance details.

BUILDING: YES/NO INSURER: .....  
POLICY NO: .....  
INSURANCE PERIOD: .....

CONTENTS: YES/NO INSURER: .....  
POLICY NO: .....  
INSURANCE PERIOD: .....

We are always looking to improve our service to our clients and would welcome your comments.

COMMENTS: .....  
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Should you require any further information please contact  
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