KEY ORDER FORM
3 Tannock Street

URD.OC Management

Steps 1 to 4 must be completed prior to emailing to:

kf@urdocm.com.au

Clear Form

STEP 1 LOT & OWNER DETAILS (MUST COMPLETE)

Building address _____ Lot _____ Unit _____
(If different)

Owner Name(s) _____

Owner Email _____ Mobile _____

STEP 2 APPLICANT DETAILS

☐ **OWNER**

(If you are a new Owner, please attach a copy of the **Notice of Acquisition**)

☐ **AGENT (COMPANY NAME)** _____

(If you are an Agent, please attach a copy of the **Managing Authority** and **Signed Lease Agreement**)

Agent Name _____ Phone _____

Agent Email _____ Mobile _____

STEP 3 APPLICANT TO SIGN

Signature _____ Date ____ / ____ / _____

STEP 4 COMPLETE ORDER

Omega Security Solutions may only create the number of keys that the Applicant indicates here and is approved by the Authorised Signatory (Owners Corporation Manager).

Number of keys _____

Email this Order Form to the Owners Corporation Manager (kf@urdocm.com.au) **together with the forms required above** and they will authorise the form by signing below.

You must then complete page 2 and send directly to Omega Security Solutions.

STEP 5 AUTHORISED SIGNATORY (SIGNED BY OC MANAGER)

Signature _____ Date ____ / ____ / _____

Name _____

Urban Residential Development (OCM) Pty Ltd
ABN - 55 165 689 654
PO Box 1144, CARLTON VIC 3053
Tel (+61 3) 9347 5023 - Fax (+61 3) 9347 0287
contact@urdocm.com.au – www.urdocm.com.au

strata community australia VIC member

omega SECURITY SOLUTIONS
256 Hyde Street
Yarraville VIC 3013
Australia
Tel +61 3 9689 3488
Fax +61 3 9689 1219
ABN 11 495 377 040
omega@omegacorp.com.au
www.omegasecuritysolutions.com.au

RESTRICTED KEY REQUEST FORM

ALL FIELDS ARE MANDATORY – Please note payment details must be provided

Return completed form to keys@omegacorp.com.au **Date: _____**

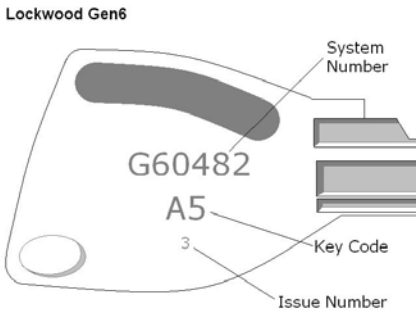
Key System Number: _____ (this number is engraved on all keys)

Company Name / Individual: _____

Delivery Address: _____

Suburb: _____ Post Code _____

Contact Phone No: _____



Please supply the following restricted keys to the above Master Key System

Key No: _____ Qty:_____ Key No: _____ Qty: _____

Key No: _____ Qty:_____ Key No: _____ Qty: _____

Delivery Method:

☐ Registered Post $12.50 ☐ Express Post $20.00 ☐ Courier: POA ☐ Ring When Ready for Collection

Payment Type – PAYMENT DETAILS MUST BE PROVIDED

☐ **EFT Payment** - please provide email address and a pro-forma invoice will be sent including banking details

Email : _____

☐ **Credit Card** Details: ☐ Visa / Master Card ☐ Amex ☐ Diners

Number: _____ Exp: _____ CCV ____

☐ **Cheque** - please send a copy of this completed form with cheque

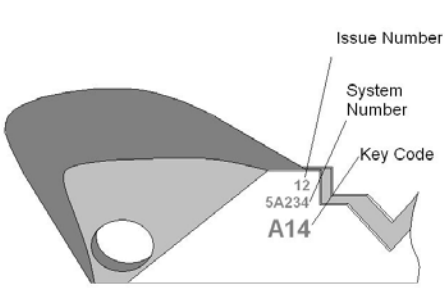
☐ **Company Account** –INVOICE TO: Company Account Name:_____

Omega Account Code: _____ Purchase Order # _____

☐ Invoice to be sent with goods. ☐ Invoice to be sent to Company Account holder

Authorisation for Keys to Be Cut

I hereby certify that I am registered as an authorised signatory for the above Master Key System, and I authorise Omega Security Solutions Pty Ltd to cut the above keys as required.



Authorised Signature: _____

Print Name: _____

Submit Form **Print Form** **Reset Form**