



**REQUEST FOR: CMS COMMUNITY MANAGEMENT STATEMENT (BY-LAWS)**

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF BODY CORPORATE: \_\_\_\_\_ CTS: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ LOT/UNIT: \_\_\_\_\_

LOT OWNERS NAME: \_\_\_\_\_

LOT OWNERS ADDRESS: \_\_\_\_\_

**CHARGES APPLICABLE:**

\$66.00 – Within 5 Working Days

Payment Method

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ 3 digit: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

Card Type Visa: **Visa Card Master Card Bank Card**

**PLEASE NOTE: CHEQUES & AMERICAN EXPRESS OR DINER CARD WILL NOT BE ACCEPTED**

**COMMUNITY MANAGMEENT STATEMENT RETURN DELIVERY:**

Post  Email

Sign: \_\_\_\_\_

Date: \_\_\_\_\_