07 5528 9999 info@peakbcm.com.au www.peakbcm.com.au PO Box 9215, GCMC QLD 9726



Levy Arrears Payment Plan Application

Property Details				
Building Name			CTS Number	
Property Address			Lot/Unit Number	
. ,				
Owner's Name				
Proposed Payments				
Amount:				
Weekly	Fortnightly	Monthly	Other (specify below)	
-		-	1 -	
Debt Summary				
Current Arrears Balance				
Reason for Request:				
·				
acknowledge that if, for any reason, I/we do not adhere to the payment schedule above, the Strata Scheme will				
take legal action to recover the full debt without further notice and that I will pay all costs incurred in the recovery				
of the debt.				
 Accept that Peak Body 	Corporate will charge a Payme	ent Plan Management Fee in	line with	
I		_		
			ate during the course of th	
I — — — — — — — — — — — — — — — — — — —	To the pay talke continues			
Signature of Owner				
acknowledge that if, for any reason, I/we do not adhere to the payment schedule above, the Strata Scheme will take legal action to recover the full debt without further notice and that I will pay all costs incurred in the recovery				
		<u> </u>		