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			
Owner 5 Traine			
Proposed Payments			
Amount:			
Weekly	Fortnightly	Monthly	Other (specify below)
Dobt Cumman			
Debt Summary Current Arrears Balance			
Reason for Request:			
Reason for Request.			
By submitting this application	on I/Mo:		
		unt chown (including any n	onalty interact) I/Ma furthe
• Acknowledge my/our obligation to pay the amount shown (including any penalty interest). I/We further 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 Management will charge a Payment Plan Management Fee in			
line with the Administration Agreement which will be added to my lot account.			
• Acknowledge that I/we will pay future contributions on or before the due date during the course of this			
Payment Plan.			
Signature of Owner			
Cinnatura			
Signature			Date