

THE REGISTRATION (STRATA TITLES) (AMENDMENT) ACT
COMMISSION OF STRATA CORPORATIONS

Application for Dispute Resolution & Order
Pursuant to Section 3B (c) Registration (Strata Titles) (Amendment) Act

TRN #: _____
Name of Complainant: _____
Address of Complainant: _____
Telephone No (s): _____
Fax No.: _____
E-mail: _____
Strata Plan No.: _____

Name of Complaint Against: _____
Address: _____
Telephone No (s): _____
Fax No.: _____
E-mail: _____
Strata Plan No.: _____

Complainant: (Tick where appropriate)

Proprietor (Strata Lot owner).
Corporation
Other

Strata Lot #. _____
Strata Plan #. _____

Grounds for Complaint: (Give details in a concise manner along with all supporting documents)
(Attach additional sheets if necessary).

Please submit prescribed fee along with this form.

Please sign and date below.

Complainant

Date of Submission to Commission

FOR OFFICIAL USE ONLY

Fee Paid: _____

Date Received: _____

Date Scheduled :
for Consideration _____

Decision Taken: _____

