

Levy Arrears Payment Plan Request Form



Holmac Strata

Lot Owner Details

Building Name		Lot/Unit Number	
First Name		Last Name	
Owners Address		Suburb	
State		Post Code	
Email Address			

Debt Summary

Debt recorded on last Arrears Notice:		Date of last payment:	
Note on Debt:			
Reason for Payment Plan Request:			

Proposed Payments

	Date	Amount	Comment	Balance
1				
2				
3				
4				
5				
6				

I hereby certify that I am the owner of the above lot and acknowledge my obligation to pay the amount shown (including any penalty interest). As I am not able to pay the full amount of this debt at this time, I submit this request for approval of a Payment Plan by the Executive Committee. I further acknowledge that if for any reason, I 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.

I acknowledge that I will pay future contributions on or before the due date during the course of this Payment Plan.

Applicant's Name: _____ Lot/Unit Number: _____