

Section 5(a) Respondent's Information	Name (Individual or corporation)
	Address
	Locality/Suburb State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Daytime Ph Home Ph Mobile
	Fax Email Address

Section 5(b) Is the Respondent?	<input type="checkbox"/> an owner	<input type="checkbox"/> an occupier
	<input type="checkbox"/> the body corporate	<input type="checkbox"/> the body corporate manager
	<input type="checkbox"/> the committee	<input type="checkbox"/> a committee member
	<input type="checkbox"/> letting agent	<input type="checkbox"/> caretaking service contractor
	<input type="checkbox"/> service contractor	

Section 5(c) Are other persons affected by the outcome sought by you?	<input type="checkbox"/> Yes (If yes, please provide details below) <input type="checkbox"/> No

Section 6 What outcome are you seeking?

Section 7 What attempts have you made to resolve this dispute with other parties? (Please attach supporting documentation)

