



PO Box 2222, Midland WA 6936
Customer Centre
 Telephone (08) 9273 7333
 Facsimile (08) 9250 3187

ITEM UNKNOWN ORDER FORM

(PLEASE ENTER REQUEST DETAILS BELOW)

COMPANY/ TRADING NAME _____	TELEPHONE NO _____
FAX NUMBER _____	E-MAIL _____
ACCOUNT NUMBER _____	<input type="checkbox"/> Email
OUR REF _____	<input type="checkbox"/> Fax
CONTACT NAME _____	<input type="checkbox"/> Pick-Up
	<input type="checkbox"/> Post

PLEASE USE BLOCK LETTERS

Indicate in the boxes provided if you require a copy of a strata plan with the title search, sketch of the land for digital titles or a copy of the title if "Subject to Dealing"
Owners Name to include Surname, first name and second name if known. Providing Landgate with as much information as possible ensures a more accurate response.

1

Owners FULL NAME _____	<input type="checkbox"/> Strata Plan/ Survey
Address _____	
Suburb/Town _____ Survey Number _____	<input type="checkbox"/> Subject to Dealing
Lot/Allotment Number _____ District/Townsite Name _____	
Nearest Cross Street _____	<input type="checkbox"/> Sketch

2

Owners FULL NAME _____	<input type="checkbox"/> Strata Plan/ Survey
Address _____	
Suburb/Town _____ Survey Number _____	<input type="checkbox"/> Subject to Dealing
Lot/Allotment Number _____ District/Townsite Name _____	
Nearest Cross Street _____	<input type="checkbox"/> Sketch

3

Owners FULL NAME _____	<input type="checkbox"/> Strata Plan/ Survey
Address _____	
Suburb/Town _____ Survey Number _____	<input type="checkbox"/> Subject to Dealing
Lot/Allotment Number _____ District/Townsite Name _____	
Nearest Cross Street _____	<input type="checkbox"/> Sketch