Form 15

|  |  |
| --- | --- |
| STRATA TITLE OR COMMUNITY TITLE APPLICATION**Magistrates Court of South Australia (Civil Division)**[www.courts.sa.gov.au](http://www.courts.sa.gov.au) | Court UseDate Filed:Date Posted: |
|  |
| Trial Court |       | Action No |       |
| Address |       |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* | *DX* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| Amount claimed (if any) | $      |
| Court Fee on filing | $      |
| Service and Other Fee | $      |
| Solicitor’s Fee | $      |
| TOTAL CLAIMED | $      |
| **Applicant/s** |
| Full Name |       |
| Address*(Registered Office, if Body Corporate)* |       |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* | *DX* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| Solicitor for Applicant/s (name) |       |
| Address |       |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* | *DX* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **Respondent/s** |
| Full Name |       |
| Address*(Registered Office, if Body Corporate)* |       |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* | *DX* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| Solicitor for Respondent/s (name) |       |
| Address |       |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* | *DX* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **Details of application**This application is made pursuant to section       of the [ ]  *Strata Titles Act 1988* or [ ]  *Community Titles Act 1996*1. Correct name of the relevant Strata or Community Corporation:

      |
| 1. State the matter complained of:

      |
| 3. State the remedy sought:      |
|   Date APPLICANT |
| I certify that I have served a copy of the application on the Respondent/s at the address shown above. |
|   Date REGISTRAR |