



CASUAL LEASING REQUEST FORM

Business Name:

Address:

Postcode:

Contact Name:

Telephone:

Mobile:

Email:

ABN:

Type of Business and/or Merchandise Sold:

Dates Requested: _____

Site Requested: _____

Please forward the completed form along with your public liability insurance to the value of \$20 million to:

Centre Management – KIRSTY HALLS
My Centre, Nerang
57 Station Street
NERANG QLD 4211
E: khalls@savills.com.au Phone: 5578 3199 Fax: (07) 5578 1453