

WORK ORDER FORM

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|---|---------------------------------|--|---------------------------------|
| <input type="checkbox"/> Sinking Fund Plan | <input type="checkbox"/> Update | <input type="checkbox"/> Asbestos Survey * | <input type="checkbox"/> Update |
| <input type="checkbox"/> Insurance Valuation | <input type="checkbox"/> Update | <input type="checkbox"/> Asbestos Register & Management Plan * | |
| <input type="checkbox"/> Compliance Report (Safety) | <input type="checkbox"/> Update | <input type="checkbox"/> Engineers Report | |
| <input type="checkbox"/> Utility Cost Management Report | <input type="checkbox"/> Update | <input type="checkbox"/> Other _____ | |

CORRESPONDENCE TO:

Full Name _____ Company _____
 Telephone _____ Email _____
 Billing Address _____
 Suburb _____ State _____ Postcode _____

BUILDING INFORMATION:

Building Name _____ SP Number _____
 Street Address _____
 Suburb _____ State _____ Postcode _____
 Number of Units _____ Year Built _____ Are Registered Plans Available?*
 Strata Plan Company Title BMC Community/Neighbourhood Association Deposited Plan Non-Strata
 Is an onsite meeting required? Name _____ Telephone _____
 Is key access required? Yes No Keys are available from: _____

ASBESTOS: Please Complete

Is internal inspections requested? ** Yes No Units to be inspected _____
 Best contact to gain access to unit/s: Name _____ Telephone _____

* It is highly recommended, that an Asbestos Register and Management Plan be ordered at the same time as the Asbestos Survey. The Owners Corporation will only be charged for the Register and Management Plan if Asbestos is identified.

** We will require access to 1 unit to assess the ceilings as part of the common property. If more than one internal unit is requested, additional charges will occur. If more units are requested to be inspected they must be available on the day of the initial inspection.

SINKING FUND PLANS: Please complete

Financial Year Start Date: ____/____/____ Estimated Balance at Start of Financial Year: \$ _____
 Registered for GST Yes No Total Annual Sinking Fund Levy \$ _____
 Stage development Yes No **Divided** by number of unit entitlements _____
 Are lift refurbishments to be included? Yes No **Equals** annual sinking fund levy per entitlement \$ _____
 Is there any additional income applicable to the fund? (eg. communications towers or signage rentals) Yes No
 If so, please specify: Income Source: _____ Amount: \$ _____ per annum

Are there any special by-laws or other issues that may affect the services we are providing? For example are there any known defects, works recently completed or in progress, quotes for work, due or in progress, any special contracts (such as annual painting or lift maintenance) or other maintenance history? Please detail below, if insufficient space, please attach additional sheets:

INSURANCE VALUATION: Please complete

Current Building Sum Insured: \$ _____ Date policy commenced: ____/____/____

FINAL REPORT DETAILS:

Date report required by: ____/____/____ or: Within 4 Weeks
 Signature: _____ Date: ____/____/____ Quote Reference: _____

Please fax form back to 1300 136 037 or email to orders@solutionsinengineering.com

* Please note if plans are not made available, they will be purchased at a cost of \$22.00 to the Owners Corporation

Should you have any queries, please do not hesitate to call us on 1300 136 036

All services provided by Solutions in Engineering are supplied on the basis of 'Supply Terms and Conditions' which are available from our office or from our website www.solutionsinengineering.com