



STRATA MANAGERS QUOTE REQUEST FORM

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> Sinking Fund Plan | <input type="checkbox"/> Update * | <input type="checkbox"/> Maintenance Report |
| <input type="checkbox"/> Safety Report | <input type="checkbox"/> Update * | <input type="checkbox"/> Asbestos Report |
| <input type="checkbox"/> Insurance Valuation | <input type="checkbox"/> Update * | <input type="checkbox"/> Balustrade Testing |
| <input type="checkbox"/> Allocation of Costs Report | | <input type="checkbox"/> Contribution of Lot Entitlements |
| | | <input type="checkbox"/> Utilities Cost Management report |

* Please attach a copy of the plans if the standard lot size is over 100m² or the building has any out-of-the-ordinary qualities.

CORRESPONDENCE TO:

Full Name: _____
Company: _____ Position: _____
Telephone: _____ E-mail: _____
Billing Address: _____ Suburb: _____ Postcode: _____

PROPERTY INFORMATION:

Building Name: _____ Deposited or Strata Plan Number: _____
Street Address: _____
Suburb: _____ Postcode: _____
Number of Lots: _____ Year Built: _____
 Strata Title Community Association Building Management Committee
 Deposited Plan Neighbourhood Association Company Title Non - Strata
Owners Corporation Representative: _____ Telephone: _____
Onsite Manager (If applicable): _____ Telephone: _____

OTHER INFORMATION:

Are there any special items, needs or considerations that need to be taken into account in your quote?

NEW CLIENTS:

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