

## WORK ORDER FORM

- |   |                                 |  |
|---|---------------------------------|--|
| <input type="checkbox"/> Platinum Sinking Fund Plan | <input type="checkbox"/> Update | <input type="checkbox"/> Building Defects Report   |
| <input type="checkbox"/> Sinking Fund Plan          | <input type="checkbox"/> Update | <input type="checkbox"/> Fire Warden Training      |
| <input type="checkbox"/> Safety Report              | <input type="checkbox"/> Update | <input type="checkbox"/> Emergency Management Plan |
| <input type="checkbox"/> Insurance Valuation        |                                 |  |

### CORRESPONDENCE TO:

Full Name \_\_\_\_\_ Company \_\_\_\_\_  
 Telephone \_\_\_\_\_ Email \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

### BUILDING INFORMATION:

Building Name \_\_\_\_\_ Units Plan Number \_\_\_\_\_  Heritage Listed\*  
 Street Address \_\_\_\_\_  
 Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
 Number of Lots \_\_\_\_\_ Year Built \_\_\_\_\_ Are Registered Plans Available?   
 Strata Plan  Company Title  BMC  Community/Neighbourhood Association  
 Non-Strata  Deposited Plan  Class A Unit Plan  Class B Unit Plan  
 Is an onsite meeting required?  Name \_\_\_\_\_ Telephone \_\_\_\_\_

\*Please note, unless we are specifically instructed otherwise, we will require a meet on site contact to be present for all Heritage Insurance Valuations

Is key access required?  Yes  No Keys are available from: \_\_\_\_\_

### SINKING FUND PLAN: 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  
 Is painting to be included?  Yes  No (Please note additional charges will occur)  
 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:

### INSURANCE VALUATION: Please complete

Current Building Sum Insured: \$ \_\_\_\_\_ Date policy commenced: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Is internal access required?  Yes  No Internal unit contact details \_\_\_\_\_  
 Please note internal Insurance Valuation inspections will only occur on the agreed common property time/date inspection. If an alternative time/date is required an additional fee will be payable.

### 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](mailto:orders@solutionsinengineering.com)**

\* Please note if plans are not made available, they will be purchased at a cost of \$33.00 to the Owners Corporation

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

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