



CHILD WINDOW SAFETY DEVICES - WORK ORDER FORM

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 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
 Residential Commercial Mixed Use
 Onsite contact details Name _____ Telephone _____
 Is key access required? Yes No Keys are available from: _____

NUMBER OF LOCKS:

Already received a quote? Please provide Quote Reference and skip to end to sign form: _____
 Total Number of Locks required _____ *If unsure, please try method below:*
 No. of lots _____ x No. of windows per lot _____ = Total Number of Locks required _____
Please note if unsure we will quote on 5 x locks per lot and you will only be charged for the locks installed or the min call out fee. Unsure

WINDOW TYPE(S):

If you are unsure of your window type(s), please refer to our Window Identification sheet attached.
 Casement Sliding Bi Fold / Tri Fold
 Awning & Hopper Double Hung Other – Please specify: _____

FRAME TYPE:

Timber Framing Aluminium Framing

TENANT CONTACT DETAILS:

Unit Number	Name	Contact Number	Unit Number	Name	Contact Number

If you need to include additional occupiers details, please attach additional list or contact us for a contact information form

FINAL REPORT DETAILS:

Signature: _____ Date: ___/___/___ Quote Reference: _____

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

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