



QUOTE REQUEST FORM

- | | | |
|---|---------------------------------|--|
| <input type="checkbox"/> Platinum Sinking Fund Budget | <input type="checkbox"/> Update | <input type="checkbox"/> Asbestos Survey |
| <input type="checkbox"/> Sinking Fund Budget | <input type="checkbox"/> Update | <input type="checkbox"/> Asbestos Register & Management Plan |
| <input type="checkbox"/> Safety Report | <input type="checkbox"/> Update | <input type="checkbox"/> Emergency Management Plan |
| <input type="checkbox"/> Maintenance Report | <input type="checkbox"/> Update | <input type="checkbox"/> Insurance Valuation |

CORRESPONDENCE TO:

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

BUILDING INFORMATION:

Building Name _____ Unit Plan No. _____ Heritage Listed
Street Address _____
Suburb _____ State _____ Postcode _____
No. of Lots _____ Year Built _____ Registered Plans Available?
 Building Format Plan Standard Format Plan Strata Plan Plan of Subdivision Non Strata
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: _____

INSURANCE VALUATION: Please complete

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.

ADDITIONAL DETAILS:

NEW CLIENTS:

If you have not used Solutions in Engineering before, how did you hear about our services?

- | | | | |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> Google Search | <input type="checkbox"/> SCA Website | <input type="checkbox"/> Internet | <input type="checkbox"/> Conference |
| <input type="checkbox"/> Colleague Referral | <input type="checkbox"/> Client Referral | <input type="checkbox"/> Other, please specify _____ | |

Please Fax Form to 1300 136 037 or email us at quotes@solutionsinengineering.com

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

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