

WORK ORDER FORM

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|---|---------------------------------|--|---------------------------------|
| <input type="checkbox"/> Platinum Sinking Fund Budget | <input type="checkbox"/> Update | <input type="checkbox"/> Asbestos Survey * | <input type="checkbox"/> Update |
| <input type="checkbox"/> Sinking Fund Budget | <input type="checkbox"/> Update | <input type="checkbox"/> Asbestos Register and Management Plan * | |
| <input type="checkbox"/> Insurance Valuation | <input type="checkbox"/> Update | <input type="checkbox"/> Balustrade Testing | |
| <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"/> Other _____ | |
| <input type="checkbox"/> Essential Safety Measures Assessment | | | |

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

CORRESPONDENCE TO:

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

BUILDING INFORMATION:

Building Name _____ Unit Title Number _____ Heritage Listed
 Street Address _____
 Suburb _____ State _____ Postcode _____
 Number of Lots _____ Year Built _____ Are Registered Plans Available?

Strata Corporation Community Corporation Non-Strata Residential Commercial Mixed Use

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 BUDGET: 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

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

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