

## QUOTE REQUEST FORM

- |  |                                 |  |                                 |
|--|---------------------------------|--|---------------------------------|
| <input type="checkbox"/> Platinum Capital Works Fund | <input type="checkbox"/> Update | <input type="checkbox"/> Asbestos Survey                     | <input type="checkbox"/> Update |
| <input type="checkbox"/> Capital Works Fund          | <input type="checkbox"/> Update | <input type="checkbox"/> Asbestos Register & Management Plan |                                 |
| <input type="checkbox"/> Maintenance Report          | <input type="checkbox"/> Update | <input type="checkbox"/> Other _____                         |                                 |
| <input type="checkbox"/> Safety 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 \_\_\_\_\_ SP Number \_\_\_\_\_ Heritage Listed   
 Street Address \_\_\_\_\_  
 Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
 Number of Lots \_\_\_\_\_ Year Built \_\_\_\_\_ Registered Plans Available?   
 Strata Plan  Company Title  BMC  Community/Neighbourhood Association  Deposited Plan  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: \_\_\_\_\_

### ADDITIONAL DETAILS:

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### 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, Other             | <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](mailto:quotes@solutionsinengineering.com)**

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

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