



## QUOTE REQUEST FORM

- |   |                                 |  |
|---|---------------------------------|--|
| <input type="checkbox"/> Platinum Sinking Fund Forecast | <input type="checkbox"/> Update | <input type="checkbox"/> Asbestos Survey                               |
| <input type="checkbox"/> Sinking Fund Forecast          | <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 (EMP) – CD Training |
| <input type="checkbox"/> Utility Cost Management Report | <input type="checkbox"/> Update | <input type="checkbox"/> Other _____                                   |

### CORRESPONDENCE TO:

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

### BUILDING INFORMATION:

Building Name \_\_\_\_\_ Unit Title Scheme \_\_\_\_\_ Heritage Listed   
Street Address \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
No. of Lots \_\_\_\_\_ Year Built \_\_\_\_\_ Registered Plans Available?   
 Unit Title Scheme  Residential  Commercial  Mixed Use Scheme  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                    | <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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