

WORK ORDER FORM

- | | | |
|--|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Long Term Maintenance Plan | <input type="checkbox"/> Update | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Occupational Safety & Health | <input type="checkbox"/> Update | |
| <input type="checkbox"/> Asbestos Survey | <input type="checkbox"/> Update | |
| <input type="checkbox"/> Asbestos Register and Management Plan | <input type="checkbox"/> Update | |

* 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 _____ City _____ Postcode _____

BUILDING INFORMATION:

Building Name _____ Unit Title Plan _____
 Street Address _____
 Suburb _____ City _____ Postcode _____
 Number of Lots _____ Year Built _____ Are Registered Plans Available?
 Unit Title Plan Residential Commercial 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: _____

LONG TERM MAINTENANCE PLAN: Please Complete

Financial Year Start Date: ____/____/____ Estimated Balance at Start of Financial Year: \$_____
 Registered for GST Yes No Total Annual LTMP Levy \$_____
 Layer Scheme Yes No **Divided** by number of utility interest units \$_____
 Are lift refurbishments to be included? Yes No **Equals** annual LTMP levy per utility interest \$_____
 Is there any additional income applicable to the fund? (eg. communications towers / signage rentals) Yes No
 If so, please specify: Income Source: _____ Amount: \$_____ per annum
 Are there any special by-laws or other issues that may affect the services we are providing? E.g. know defects, works recently/completed in progress, quotes for work, due or in progress, any special Maintenance Contracts) or other maintenance history? Please detail below: _____

Please indicate if any of the following maintenance or costs are the responsibility of the unit owner :

External Painting <input type="checkbox"/> Yes <input type="checkbox"/> No	Roofing <input type="checkbox"/> Yes <input type="checkbox"/> No	Dividing Fences <input type="checkbox"/> Yes <input type="checkbox"/> No	Driveways <input type="checkbox"/> Yes <input type="checkbox"/> No
Downpipes/Spouting <input type="checkbox"/> Yes <input type="checkbox"/> No	Air-con <input type="checkbox"/> Yes <input type="checkbox"/> No	Draining/Sewers <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Heaters <input type="checkbox"/> Yes <input type="checkbox"/> No

FINAL REPORT DETAILS:

Date report required by: ____/____/____ or: Within 4 Weeks
 Signature: _____ Date: ____/____/____ Quote Reference: _____

Please fax form back to 0800 136 037 or email to orders@solutionsinengineering.com

Should you have any queries, please do not hesitate to call us on 0800 136 036

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