

## WORK ORDER FORM

- |   |                                      |  |                                 |
|---|--------------------------------------|--|---------------------------------|
| <input type="checkbox"/> 10 Year Maintenance Plan | <input type="checkbox"/> Update      | <input type="checkbox"/> Asbestos Survey                     | <input type="checkbox"/> Update |
| <input type="checkbox"/> Safety Report            | <input type="checkbox"/> Update      | <input type="checkbox"/> Asbestos Register & Management Plan |                                 |
| <input type="checkbox"/> Insurance Valuation      | <input type="checkbox"/> Other _____ |  |                                 |

### CORRESPONDENCE TO:

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

### BUILDING INFORMATION:

Building Name \_\_\_\_\_ Strata Plan No. \_\_\_\_\_  Heritage Listed\*  
 Street Address \_\_\_\_\_  
 Suburb \_\_\_\_\_ State WA Postcode \_\_\_\_\_  
 Number of Lots \_\_\_\_\_ Year Built \_\_\_\_\_ Are Registered Plans Available?   
 Strata Plan  Community Title  Title Scheme  Community Scheme  Non-Strata  
 Residential  Commercial  Mixed Use  
 Is an onsite meeting required?  Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Is key access required?  Yes  No Keys are available from: \_\_\_\_\_

### 10 YEAR MAINTENANCE PLAN: Please Complete

Financial Year Start Date: \_\_\_/\_\_\_/\_\_\_ Estimated Balance at Start of Financial Year: \$ \_\_\_\_\_  
 Registered for GST  Yes  No Total Annual Reserve Fund Levy \$ \_\_\_\_\_  
 Stage development  Yes  No **Divided** by number of unit entitlements \_\_\_\_\_  
 Are lift refurbishments to be included?  Yes  No **Equals** annual reserve 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  
 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:

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Quote Reference: \_\_\_\_\_

**Please fax form back to 1300 136 037 or email to [orders@solutionsinengineering.com](mailto:orders@solutionsinengineering.com)**

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

**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](http://www.solutionsinengineering.com)