



WORK ORDER FORM

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|---|---------------------------------|--|---------------------------------|
| <input type="checkbox"/> Sinking Fund Forecast | <input type="checkbox"/> Update | <input type="checkbox"/> Asbestos Survey * | <input type="checkbox"/> Update |
| <input type="checkbox"/> Insurance Valuation | <input type="checkbox"/> Update | <input type="checkbox"/> Asbestos Register & Management Plan * | |
| <input type="checkbox"/> Compliance Report (Safety) | <input type="checkbox"/> Update | <input type="checkbox"/> Utility Cost Management Report | <input type="checkbox"/> Update |
| <input type="checkbox"/> Maintenance Report | <input type="checkbox"/> Update | <input type="checkbox"/> Engineers Report | |
| <input type="checkbox"/> Safety & Maintenance Combo | <input type="checkbox"/> Update | <input type="checkbox"/> Other _____ | |

* 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 _____ CTS Number _____
 Street Address _____
 Suburb _____ State _____ Postcode _____
 Number of Lots _____ Year Built _____ Are Registered Plans Available?
 Building Format Plan (BFP/BUP) Standard Form Plan (SFP/GTP) Building Management Statement Non Strata
 Is an onsite meeting required? Name _____ Telephone _____
 Is key access required? Yes No Keys are available from: _____

SINKING FUND FORECAST: 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 (Please note additional charges will occur)
 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: ____/____/____

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 \$22.00 to the Body Corporate

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

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