

WORK ORDER FORM				
Sinking Fund Plan		Update	Building Defect Report	
Insurance Valuat	tion	Update	Emergency Management Plan	
Safety Report		Update	Fire Warden Training	
CORRESPONDENCE TO:				
Full Name			Company	
Telephone		Email		
Billing Address				
Suburb		State	Postcode	
BUILDING INFORMATION:				
Building Name			Units Plan Number	
Street Address				
Suburb		State	Postcode	
Number of Lots		Year Built	Are Registered Plans A	Available?
Strata Plan	Company Title	BMC	Community/Neighbourhood Association	
Non-Strata	Deposited Plan	Class A Unit Plan	Class B Unit Plan	
Is an onsite meeting	required?	Name	Telephone	
Is key access required? Yes No Keys are available from:				
is key access require		☐ No Keys ar	e available from:	
SINKING FUND P	LANS: Please c	omplete		
	LANS: Please c	omplete	e available from:	<u>\$</u>
SINKING FUND P	LANS: Please c	complete Estin		\$ \$
SINKING FUND P Financial Year Start	LANS: Please c	complete Estino Tota	mated Balance at Start of Financial Year:	
SINKING FUND P Financial Year Start Registered for GST	LANS: Please c Date:/ YesN Yes	complete / Estin o Tota Divi	nated Balance at Start of Financial Year: Il Annual Sinking Fund Levy	
SINKING FUND P Financial Year Start Registered for GST Stage development Are lift refurbishments	LANS: Please c Date:/ Yes N Yes to be included?	complete / Estin o Tota □ No Divi] Yes □ No Equ	mated Balance at Start of Financial Year: Il Annual Sinking Fund Levy ded by number of unit entitlements	
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* Please note if plans are not made available, they will be purchased at a cost of \$22.00 to the Owners Corporation

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

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