



WORK ORDER FORM

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|---|---------------------------------|--|---------------------------------|
| <input type="checkbox"/> Sinking Fund Plan | <input type="checkbox"/> Update | <input type="checkbox"/> Building Defect Report | <input type="checkbox"/> Update |
| <input type="checkbox"/> Insurance Valuation | <input type="checkbox"/> Update | <input type="checkbox"/> Emergency Management Plan | |
| <input type="checkbox"/> Compliance Report (Safety) | <input type="checkbox"/> Update | <input type="checkbox"/> Fire Warden Training | |

CORRESPONDENCE TO:

Full Name _____ Company _____
Telephone _____ Email _____
Billing Address _____
Suburb _____ State _____ Postcode _____

BUILDING INFORMATION:

Building Name _____ SP Number _____
Street Address _____
Suburb _____ State _____ Postcode _____
Number of Lots _____ Year Built _____ Are Registered Plans Available? ☐
☐ Strata Plan ☐ Company Title ☐ BMC ☐ Community/Neighbourhood Association ☐ Deposited Plan ☐ Non-Strata
Is an onsite meeting required? ☐ Name _____ Telephone _____
Is key access required? ☐ Yes ☐ No Keys are available from: _____

SINKING FUND PLANS: 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 Owners Corporation

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

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