



WINDOW SAFETY DEVICE - WORK ORDER FORM

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? ☐
Onsite contact details Name _____ Telephone _____
Is key access required? ☐ Yes ☐ No Keys are available from: _____

NUMBER OF LOCKS:

Total Number of Locks required _____ *If unsure, please try method below:*
No. of lots _____ x No. of windows per lot _____ = Total Number of Locks required _____
Please note if unsure we will quote on 5 x locks per lot and you will only be charged for the locks installed or the min call out fee. ☐ Unsure

WINDOW TYPE(S):

If you are unsure of your window type(s), please refer to our Window Identification sheet attached.

☐ Casement ☐ Sliding ☐ Bi Fold / Tri Fold
☐ Awning & Hopper ☐ Double Hung ☐ Other – Please specify: _____

FRAME TYPE:

☐ Timber Framing ☐ Aluminium Framing ☐ Other – Please specify: _____

TENANT CONTACT DETAILS:

| Unit Number | Name | Contact Number | Unit Number | Name | Contact Number |
|-------------|------|----------------|-------------|------|----------------|
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If you need to include additional occupiers details, please attach additional list or contact us for a contact information form

FINAL REPORT DETAILS:

Signature: _____ Date: ____/____/____ Quote Reference: _____

Please fax form back to 1300 136 037 or email to orders@solutionsinengineering.com

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