

WORK ORDER FORM

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|--|---------------------------------|--|---------------------------------|
| <input type="checkbox"/> Platinum 10 Year Maintenance Plan | <input type="checkbox"/> Update | <input type="checkbox"/> Asbestos Survey | <input type="checkbox"/> Update |
| <input type="checkbox"/> 10 Year Maintenance Plan | <input type="checkbox"/> Update | <input type="checkbox"/> Asbestos Register & Management Plan | |
| <input type="checkbox"/> Maintenance Report | <input type="checkbox"/> Update | <input type="checkbox"/> Emergency Management Plan | |
| <input type="checkbox"/> Compliance Report (Safety) | <input type="checkbox"/> Update | <input type="checkbox"/> Balustrade Testing | |
| <input type="checkbox"/> Insurance Valuation | | <input type="checkbox"/> Other | _____ |
| <input type="checkbox"/> Emergency Management Plan | | | |

CORRESPONDENCE TO:

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

BUILDING INFORMATION:

Building Name _____ Unit Plan Number _____ ☐ Heritage Listed*
 Street Address _____
 Suburb _____ State _____ Postcode _____
 Number of Lots _____ Year Built _____ Are Registered Plans Available? ☐
☐ Strata Plan ☐ Company Title ☐ BMC ☐ Community/Neighbourhood Association ☐ Non-Strata
☐ Deposited Plan ☐ Class A Unit Plan ☐ Class B Unit Plan ☐ Residential ☐ Commercial ☐ Mixed Use
 Is an onsite meeting required? ☐ Name _____ Telephone _____
 *Please note, unless we are specifically instructed otherwise, we will require a meet on site contact to be present for all Heritage Insurance Valuations
 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 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
 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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