



## STRATA MANAGERS WORK ORDER FORM

- Sinking Fund Plan     Update \*     Balustrade Testing  
 Safety Report     Update \*

\* For Sinking Fund Plan or Safety Update, please include original report if not provided by SIE

### CORRESPONDENCE TO:

Full Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

### PROPERTY INFORMATION:

Building Name: \_\_\_\_\_ Unit Title Plan Number: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Number of Lots: \_\_\_\_\_ Year Built: \_\_\_\_\_  Class A units  Class B units  
 Onsite Representative (If applicable): \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Building Manager (If applicable): \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Is an onsite meeting required? Meet with:  No meeting is required  Onsite Representative  Building Manager  
 Are keys required for access to common property areas:  Yes\*  No  
 \*Please provide key details: \_\_\_\_\_

### SAFETY REPORTS: Please complete this section

Is the power/switchboard:  Unlocked  Locked\*

\*Who has possession of the keys: Managing Agent or at site? \_\_\_\_\_

### SINKING FUND PLANS: Please complete this section

Please provide registered plans for the complex. If not provided:  I authorise for plans to be purchased at a cost of \$22.00.

Financial Year Start: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Please note that your forecast will start from this date)

Estimated Sinking Fund Balance as at the beginning of Financial Year: \$ \_\_\_\_\_ Registered for GST:  Yes  No

Total Annual Sinking Fund Levy: \$ \_\_\_\_\_

**Divided** by the number of unit entitlements: \_\_\_\_\_

**Equals** Annual Sinking Fund Levy per unit entitlement: \$ \_\_\_\_\_

Are lift refurbishment estimates to be included:  Yes  No      Staged Development:  Yes  No

Is any additional income applicable to the Fund (eg. Communication Towers & Signage Rentals)?

If so please specify: Income Source: \_\_\_\_\_ \$ \_\_\_\_\_ per annum

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 done, due or in progress or other maintenance history?

### ASBESTOS REPORTS: Please complete this section

Please tick this box if internal unit inspections are required. A representative from our office will be in contact with you shortly.

### FINAL REPORT DETAILS:

Date Report Required: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Or  No Hurry

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Quote Number: \_\_\_\_\_

Please fax order form back to 1300 136 037 or e-mail [orders@solutionsie.com.au](mailto:orders@solutionsie.com.au)

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

All services provided by Solutions IE are supplied on the basis of 'Supply Terms and Conditions' which are available from our Office and from our website [www.solutionsie.com.au](http://www.solutionsie.com.au)

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