



STRATA MANAGERS WORK ORDER FORM

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|--|-----------------------------------|---|
| <input type="checkbox"/> Sinking Fund Plan | <input type="checkbox"/> Update * | <input type="checkbox"/> Asbestos Report |
| <input type="checkbox"/> Safety Report | <input type="checkbox"/> Update * | <input type="checkbox"/> Balustrade Testing |
| <input type="checkbox"/> Insurance Valuation | | <input type="checkbox"/> Allocation of Costs Report |
| <input type="checkbox"/> Maintenance Report | | <input type="checkbox"/> Contribution of Lot Entitlements |

* For Sinking Fund Plan or Safety Updates, 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: _____ Deposited or Strata Plan Number: _____
Street Address: _____
Suburb: _____ Postcode: _____ Number of Lots: _____ Year Built: _____
 Strata Title Building Management Committee Company Title
 Community Association Neighbourhood Association Non - Strata
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 & MAINTENANCE 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?

INSURANCE VALUATIONS: 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.
Current Building Sum Insured: \$ _____ Date policy commenced: ____ / ____ / ____

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.
 Was anything replaced within the property after 1992? Please attach further information.

FINAL REPORT DETAILS:

Date Report Required: ____ / ____ / ____ Or No Hurry
Signature: _____ Date: ____ / ____ / ____ Quote Number: _____

Please fax order form back on 1300 136 037 or e-mail 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

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