



BODY CORPORATE MANAGERS WORK ORDER FORM

- Sinking Fund Forecast
- Safety Report
- Insurance Valuation
- Asbestos Report
- Balustrade Testing
- Update *
- Update *
- Maintenance + Safety
- Part 5 (DIV10) Maintenance + Safety
- Maintenance Report
- Part 5 (DIV 10) Maintenance Report
- Update *
- Update *

* For Sinking Fund Forecast 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: _____ Community Title Scheme Number: _____
 Street Address: _____
 Suburb: _____ Postcode: _____ Number of Lots: _____ Year Built: _____
 Building Format Plan / Building Units Plan (BFP/BUP) Standard Format Plan / Group Titles Plan (SFP/GTP)
 Building Management Statement/Volumetric Plan 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 FORECASTS: 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
 If GTP/SFP, is painting or other lot maintenance to be included in the forecast? Yes* No
 *If painting requested to be included in SFP/GTP the BFP/BUP price will apply.
 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

State Head Office Location	Postal Addresses
14 Railway Terrace, MILTON QLD 4064	PO Box 1584, MILTON QLD 4064 PO Box 2253 SOUTHPORT QLD 4215 PO Box 726, MALENY QLD 4552 PO Box 8002, CAIRNS QLD 4870