



## OWNERS CORPORATION MANAGERS WORK ORDER FORM

- Maintenance Plan       Update \*       Asbestos Report  
 Initial Safety Report       Update \*       Essential Safety Measures Assessment  
 Insurance Valuation

\* For Maintenance 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: \_\_\_\_\_ Strata Plan/Plan Subdivision/Registered Plan Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Number of Lots: \_\_\_\_\_ Year Built: \_\_\_\_\_  Plan of Subdivision  Non-Strata  
Number of Owners Corporations: \_\_\_\_\_ \* For buildings with more than one Owners Corporation an additional fee will apply.  
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? \_\_\_\_\_

### MAINTENANCE 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 Maintenance Plan Balance as at the beginning of Financial Year: \$ \_\_\_\_\_ Registered for GST:  Yes  No  
Total Annual Maintenance Liabilities Levy: \$ \_\_\_\_\_  
**Divided** by the number of lot liabilities: \_\_\_\_\_  
**Equals** Annual Maintenance Fund Levy per lot 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](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)

State Head Office Location  
Level 1, 1 Queens Road, MELBOURNE VIC 3004

Postal Address  
GPO Box 3025, MELBOURNE VIC 3000