## Submit A Quote Request

Please Select which forms You Wish to Submit

Building - Cost Planning Services

□ Sinking Fund Forecast □ Insurance Replacement Valuation □ Tax Depreciation □ Quantity Surveying Building - Safety Services Work Health and Safety Report □ Fire Safety Audit/Annual Review □ Fire and Evacuation Training □ Fire Evacuation Plans and Diagrams □ Installation of a Log Book Cabinet Annual Fire Safety Occupiers Statement Pool Barrier Inspection and Certification □ Asbestos Audit Asbestos Management Plan and Labels **Building Services** Lot Entitlement Reporting □ Caretaking Recruitment – Tenders, Interview, and Assessment Caretaking Performance Review □ Building Condition Report Structural Engineering Report □ Part 5 Reporting □ Remuneration Reviews Fill Out Your Selected Forms Only applicable to Sinking Fund forecast , Insurance Replacement Valuation and Pool Barrier Inspection and Certification

Sinking Fund Forecast Original Sinking Fund Forecast provided? Please Select V Registered plans provided for the complex? Please Select ▼ Financial year start date Estimated sinking fund balance as at the beginning of financial year (\$) Total annual sinking fund levy per lot entitlement (\$) Are all lots equal? Please Select ▼ IF GTP/SFP, is painting or other lot maintenance to be included in the report? Please Select **V** Registered for GST? Please Select ▼ Insurance Replacement Valuation Registered plans provided by the complex? Please Select **V** Current building sum insured (\$) Data Policy Commenced **Pool Safety Services** What service/information do you require? □ Initial Pool Barrier Inspection & Issue of Pool Certificate (Including Gates/Access Points) □ CPR Signage - Supplied and Installed □ Mounted Pool Safety Certificate - Supplied and Installed □ Inspection of Additional Pool/Spa Barrier At The Same Address □ Re-inspection Non - complying Pool Total no. of pools/spas Building purpose Please Select **V** Enter Your Property & Contact Details **Property Details** 

## Client Details

Property	Name	*	
Name *			

Property Contact Name				
Company Name				
Property Contact Number				
Phone *				
Address				
Email *				
Number of lots				
CTS/SP No				
Building Type Please Select 🔻				
Date of Construction				
Type of Plan Please Select 🔻				
Onsite Manager				

Additional Information

## Anything we've missed?