

STRATA MANAGER ORDER FORM

- SINKING FUND FORECAST
 SAFETY ASSESSMENT REPORT
 INSURANCE VALUATION REPORT

- UPDATE*
 UPDATE*

- ASBESTOS REPORT
 ASSET INVENTORY
 FIRE CERTIFICATION

*If you opt for a Sinking Fund Forecast or Safety Assessment Report Update, please include your original report.

STRATA MANAGER DETAILS:

Name: _____ Company: _____
Telephone: _____ Email: _____
Billing Address: _____ Suburb: _____ Postcode: _____

PROPERTY DETAILS:

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 on-site meeting required? 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 REPORT (please complete if applicable):

Is the power/switchboard: Unlocked Locked*

*Who has possession of the keys?

SINKING FUND FORECAST (please complete if applicable):

Please provide registered plans for the complex.

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? 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 VALUATION (please complete if applicable):

Please provide registered plans for the complex.

Current Building Sum Insured: \$ _____ Date policy commenced: / /

ASBESTOS REPORTS (please complete if applicable):

Please tick this box if internal unit inspections are required.
Asset Strata Reporting will be in contact with you shortly.

FINAL REPORT DETAILS:

Date Report Required: / / Or not required urgently

Signature: _____ Date: / /

