

# Reports Quote Form



To: Roscon Property Services Pty Ltd  
 ABN 60 108 876 697 ACN 108 876 697  
 150 Sydney Road Coburg Victoria 3058  
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 Email: [info@roscon.com](mailto:info@roscon.com)  
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|      |    |
|------|----|
| FORM | 32 |
|------|----|

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Maintenance Plan Budget            | <input type="checkbox"/> Initial Report | <input type="checkbox"/> Annual Report |
| <input type="checkbox"/> Essential Safety Measures          | <input type="checkbox"/> Initial Report | <input type="checkbox"/> Annual Report |
| <input type="checkbox"/> Occupational Health & Safety       | <input type="checkbox"/> Initial Report |  |
| <input type="checkbox"/> Insurance Assessment Report        | <input type="checkbox"/> Initial Report |  |
| <input type="checkbox"/> Asbestos Audit                     | <input type="checkbox"/> Initial Report |  |
| <input type="checkbox"/> Pre Purchase / Defects Inspections | <input type="checkbox"/> Initial Report |  |
| <input type="checkbox"/> Maintenance                        | <input type="checkbox"/> Initial Report |  |
| <input type="checkbox"/> Tax Depreciation                   | <input type="checkbox"/> Initial Report |  |

### Applicants Details

|               |                  |                |
|---------------|------------------|----------------|
| Name .....    | Contact No. .... | Fax No. ....   |
| Company.....  |                  | Email.....     |
| Address ..... |                  | Post Code..... |

### Property Information

|  |                                 |   |                                     |
|--|---------------------------------|---|-------------------------------------|
| Building Name. ....  | Body Corporate No. ....         |   |                                     |
| Address .....  |                                 |   |                                     |
| Suburb/City .....  | Post Code .....                 |   |                                     |
| Building Age .....   | No. of Units.....               | GST Registration <input type="checkbox"/> Yes <input type="checkbox"/> No |                                     |
| Residential <input type="checkbox"/>   | Retail <input type="checkbox"/> | Commercial <input type="checkbox"/>                                       | Industrial <input type="checkbox"/> |
| Property Contact Details .....   |                                 | Contact No. ....  |                                     |
| Do they wish to meet on site: Yes <input type="checkbox"/> No <input type="checkbox"/> |                                 |   |                                     |
| Availability of keys, Property Contact .....   |                                 |   |                                     |

### Disclosure Statement

It is the responsibility of the Property Owner / Manager to inform us of any pre existing conditions, rules, defective works, works in progress, etc. that may affect the services that we are requested to provide.

### Maintenance Plan Budget & Insurance Risk Assessment Only (Applicable to Bodies Corporate Only)

|  |
|--|
| Budget Commencement Date .....   |
| Maintenance Plan Budget Starting Value: \$ .....(GST Inclusive)  |
| <b><u>Property Manager to Provide the following</u></b>  |
| <ul style="list-style-type: none"> <li>List of individual unit liabilities</li> <li>Plans of the property</li> </ul> |

Signature .....Date .....

Print Name .....