

ROSCON
ROSCON GROUP OF COMPANIES

FORM 33

Name Contact No. Fax No.
 Company.....Email.....
 AddressPost Code.....

Building Name. Body Corporate No.

Address

Suburb/City Post Code

Building Age No. of Units.....

Residential ☐ Retail ☐ Commercial ☐ Industrial ☐

Property Contact Details Contact No.

Do they wish to meet on site: Yes ☐ No ☐

Availability of keys, Property Contact

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.

Print Name