

MULTIPLEX

3 Month post-PC Outstanding Defects Advice Form

This form must be submitted by 31/01/2018

Please complete and forward to the following email address: **posthandoverQLD@multiplex.global**

Your email heading/subject must be EXACTLY in the following format or it will not be registered:

3monthDLP-[Project(FV)]-[Tower# (Tower1 or Tower2)]-[Apartment#]

(example: "3monthDLP-FV-Tower1-1304")

Date: _____

Contact Name: _____

Project: **FV** _____

Building: _____ (Tower 1 [Flatiron]/Tower 2[Valley House])

Apartment Number: _____

Contact Number/s: _____

Owner/occupier: OR Tenant: (please tick)

To enable co-ordination of the works, please nominate preferred access days below for these works to be completed.

Weekends and public holidays are excluded

We will contact you if the days/dates you nominate below cannot be achieved.

Please note: Multiplex will not be pre-inspecting the apartment to verify the below works. The unit must be available for access on the dates nominated below. Restricted entry or unclear location details where repair is required will not automatically entitle the owner/occupier for a return visit to complete the works.

Week 1 (w/c 12/02/18) _____ (eg: Wednesday 14/02 and Friday 16/02) (w/c = week commencing)

Week 2 (w/c 19/02/18) _____

Week 3 (w/c 26/02/18) _____

Week 4 (w/c 05/03/18) _____

Item #	Room	Location <small>(please provide sketch or image to assist locating the work by our trades on the date of attendance)</small>	Description
<i>Below is an example of insufficient information and will be a risk the defect will not be located and therefore unable to be rectified.</i>			
eg1	Bedroom 1	Wall	Chip in wall <i>This example should be substantiated with a photo or sketch that clearly explains where the repair is required</i>
<i>Below is an example of sufficient information which will assist timely locating and rectification of the defect.</i>			
eg2	Kitchen	Cooktop	Rear RHS burner does not stay alight
Please enter your details below:			
Item #	Room	Location	Description
1			
2			
3			
4			
5			
6			

Signature of Owner/Occupier Authorised to submit this form

Name