



Report Master
Inspections

Pest - Building - Strata Inspection Request Form

Fax to: 1300 725 743 - Phone: 1300 728 805

- Pest Inspection Report** (as per AS4349.3)
- Building Inspection Report** (as per AS4349.1)
- Strata / Company / Neighbourhood**
- Email to:
- By Fax
- By post (Mail or DX) Please Note: Originals will only be posted if this section is ticked, otherwise reports only emailed.

All reports require a Pre Engagement Agreement.

I ACCEPT

By ticking this box I confirm that I have read and agree to the contents of the Pre-Engagement agreement. A copy of this agreement is available at www.reportmaster.com.au. Pest & Building inspection orders placed without this section being completed may be delayed. Any questions, please call 1300 728 805.

NAME OF FIRM: **DATE REQUIRED:**.....

ADDRESS/DX:

TELEPHONE NO: **FAX NO:**

NAME OF PERSON ORDERING: **YOUR FILE NO:**

ADDRESS TO BE INSPECTED:

PURCHASER: Mr/Mrs/Ms First Name Surname

VENDOR: Mr/Mrs/Ms First Name Surname

REAL ESTATE AGENCY: **CONTACT:**

OFFICE PHONE NO: **MOBILE:**

SPECIAL INSTRUCTIONS:

This section for Strata / Company/Neighbourhood / Community Title Reports only

Strata Plan Number: **Lot No (s)**

DP No:(Community/Neighbourhood) **Share Numbers:**.....(Company Title Only)

Strata Manager/Secretary:

Address: **Phone:**

Vendors Solicitor:..... **Phone:** **Ref:**

IMPORTANT NOTE - Letter of Authority: Many Strata Managers will not provide records for inspection unless a letter of authority is provided from the vendors solicitor. To avoid delays in booking, a Letter of Authority should accompany this request. You can download a copy from www.reportmaster.com.au.
Please Note: Multiple plans and some larger plans incur increased fees. Please check with our office or Web Site.

**** Payment by credit card - BankCard MasterCard Visa (circle appropriate) ****

Card Number

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Cardholders Name _____ Exp Date ____/____ Amount Auth \$ _____

REPORT MASTER OFFICE USE ONLY

RMI JOB NUMBER RMI INVOICE NUMBER

DAY BKD _____ DATE BKD _____ APPNT TIME/ACCESS _____