

**INITIAL CONTACT FORM STRATA CONTESTABILITY AUDIT**

Watt Utilities - Fax Back document to 07 5520 0469 or email: info@wattutilities.com.au



**Contact Information**

**DATE:**

Contact Name			
Telephone #		Mobile #	
Facsimile #			
Email			
Mailing Address			
Position	<input type="checkbox"/> Chairperson	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer <input type="checkbox"/> Ordinary Member <input type="checkbox"/> Owner <input type="checkbox"/> RUM

**Authority Form**

Authority Form signed to act on behalf of Client	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Building Information**

Body Corp Name	
Strata Company	
Building Address	
Number of lots and breakdown of bedrooms per lot	Eg 186 lots : 100 X 2 bed, 80 X 3 bed, 6 X 4 bed
Commercial lots #	
Next Meeting Date	<input type="checkbox"/> AGM <input type="checkbox"/> EGM <input type="checkbox"/> C'tee
Description	<input type="checkbox"/> Residential <input type="checkbox"/> High Rise <input type="checkbox"/> Townhouses <input type="checkbox"/> Industrial <input type="checkbox"/> Gated <input type="checkbox"/> Shops
Regulation Module	<input type="checkbox"/> Standard <input type="checkbox"/> Commercial <input type="checkbox"/> Accommodation <input type="checkbox"/> Small Scheme
Approx Build Age	<input type="checkbox"/> New Development <input type="checkbox"/> Established and year of construction:
Assets	Pool/s: Yes <input type="checkbox"/> No <input type="checkbox"/> Lift/s: Yes <input type="checkbox"/> No <input type="checkbox"/>
Air Con: ducted <input type="checkbox"/> split system <input type="checkbox"/> cooling tower <input type="checkbox"/>	
Hot water system: Gas <input type="checkbox"/> Electric <input type="checkbox"/> Solar <input type="checkbox"/>	

**Electricity Information**

Transformer on site: <input type="checkbox"/> Yes <input type="checkbox"/> No	Transformer number:
Current Energy retailer	
Bills Required (3-6 months of Each Back and Front)	<input type="checkbox"/> 1 Bed <input type="checkbox"/> 2 Bed <input type="checkbox"/> 3 Bed <input type="checkbox"/> Other
Bills Required Common (1-2 Months Back and Front)	<input type="checkbox"/> Common Area Bill
Electrician Inspection Required for Metering	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quote required for Metering	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Metering (technician to complete)**

Number of metering points and NMI	
Number of Single Phase Meters	
Number of 3 phase Meters	
Number of 3 phase CT Meters	
Sub meter locations	
How many different Meter rooms/switchboards/ or cupboards on premise	
Potential asbestos present near meters/Switchboards <input type="checkbox"/> Yes <input type="checkbox"/> No	

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**Other Information**

How did you hear about us?	<input type="checkbox"/> Yellow Pages Print	<input type="checkbox"/> Yellow Pages Web	<input type="checkbox"/> Seat Sign	<input type="checkbox"/> Brochure
	<input type="checkbox"/> Web Site	<input type="checkbox"/> Recommendation	<input type="checkbox"/> Other	

Special Requirements