

For Office Use only:

Mail Merge Client Number _____

Days Y1 _____

Price _____

write it off

tax depreciation specialists

Premium **Economiser** **Client Booking Sheet**

Client Name: _____

Joint Ownership (Yes/No). If Yes second owners name: _____

Postal Address: _____

Phone Number: (h) _____ (w) _____ (m) _____

Email address: _____ @ _____

Survey Address: _____

Number of Bedrooms: _____

Furnished or Unfurnished: _____

Renovation or Additions:

--

Block _____

Section _____

Settlement Date _____

Avail for Rent Date _____

Agent for Property _____

Property Manager Name: _____

Ph: _____

Tenant Name: _____

Tenant Phone Numbers: _____

Referral Source: _____

Details: _____

For Office Use only:

Inspector: _____

Time: _____

Date: _____

Access Arrangements (Tenant / Agent):

	Standard Email Sent (with CAF)	/	/	2011
	Client Authority Form Received	/	/	2011
	Council Information Order	/	/	2011
	Council Information Received	/	/	2011
	Receipt of Inspection Sheet	/	/	2011
	Invoice Sent	/	/	2011
	Receipt of Payment	/	/	2011
	Report Sent to Client	/	/	2011