

MAINTENANCE ADVICE

BUILDING NAME:

ADDRESS:

CTS No: **LOT No:**

SECURITY BUILDING: YES / NO

CONTACT PERSON:

CONTACT PHONE : (W) (H)

DETAILS:

POSSIBLE INSURANCE CLAIM: YES / NO

INCIDENT DETAILS (Date, Cause etc):

REPORTED TO POLICE: YES / NO

IF YES, DATE REPORTED:

REPORT NO:

STATION: **OFFICER:**