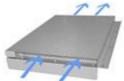
APPRAISAL FORM

'Ventilation' Concrete/Terracotta Tiles



OR



For Existing Homes or Renovations

Complete this form and we will advise you of the Total Cost including packaging + freight.

For any questions that are not applicable, write N/A. Any questions Call 1300 884 876.

Please ensure your details are clear and correct, write in BLACK PEN and PRINT in CAPITALS, and then send to us.

The Building Centre Network
Suite 209, 410 Elizabeth St
Surry Hills NSW 2010 Australia
Ready for use with a window faced envelope

OR

Fax 1300 884 256 or +61 2 8303 0533 Scan & Email

smartproducts@buildingcentre.com

Contact	Details	

ritie: riist name:	Surname:	
Phone (H): ()	Phone (W): ()	
Mobile:	Email:	
ddress for Proposed Vent P	roducts:	
Address:	State:	
Suburb:	Postcode:	
Roof Type? (Concrete or Terracotta)		
Brand of Tile?	Profile name of Tile?	
Type of Roof Structure? "PITCHED or GABLE" SKILLI	ON PYRAMIDAL "Other	
Single Level # of Bathrooms?	Two stories or more: # of Bathrooms on Top level?	
Is there a Kitchen on the Top Level? Vent Tiles Powder Coated (Painted)?	•	
Optional Bushfire Mesh (do you requ	ire stainless steel mesh fitted to the outlets- for bushfire prone areas)? YES NO	
Date you require the Ventilation Roo	f Products by?	

If you have a copy of your house plans and or roof plans, please attach with this appraisal form to help us determine the necessary amount and positioning of these ventilation roof products.

