

Authorisation to commence emergency services

Roscon 24/7 Emergency Property Maintenance Assistance (EPMA) Service Agreement

Owner or Agents Details "the customer"

Owner(s)		Mobile	
Managers name		Telephone business	
Company		Mobile	
Address		Email	

Property Information

Building name		Plan of Subdivision No	
Address		Suburb	
City		State	
Incident call initiated by		Mobile or other	
Date of call		Time of call	00:00 AM/PM
Insurance Company name		Contact Number	

Authority to act

The customer authorises Roscon Property Services Pty Ltd ACN 108 876 697 herein referred as "**Roscon**" or "**us**" to perform restoration services at the above job address and with respect to items that need to be restored or repaired or made safe at the location described above, this authority is provided by the persons and entities listed above as owners or in their capacity as managers or other authority to act on behalf of the owners.

This authority is to engage **Roscon** to remove and restore or repair or make safe such items or faults. The customer understands **Roscon** is working directly for the customer and not the insurance company or any independent loss adjuster.

It is expressly agreed and understood that I/we will be responsible for the payment for all services rendered by **Roscon**. At the completion of the services provided by **Roscon** will provide to the customer with a "**Schedule G**" 24/7 Incident Attendance Report, which a sample is attached to this authority. The customer will make payment to **Roscon** upon demand being made from **Roscon**.

The customer has read and understands fully this authorisation. The customer has signed this agreement freely and without duress in acceptance of the terms and conditions within this form.

Authorised Owner or Owners Agent	Print Name	Signature
		X
Authorised Roscon Property Services Pty Ltd	Print Name	Signature
		X



Schedule G 24/7 Incident Attendance Report

Roscon 24/7 Emergency Property Maintenance Assistance (EPMA) Service Agreement (Form 52)

Management Details

Managers name		Telephone business	
Company		Mobile	
Address		Email	
Insurance Company name		Post code	

Property Information

Building name		Plan of Subdivision No	
Address		Suburb	
City		State	
Incident call initiated by		Mobile or other	
Date of call		Time of call	00:00 AM/PM

Incident & attendance details

Action Taken

Charges applicable

Tick where applicable (<i>tick appropriate box's</i>)	<input checked="" type="checkbox"/>	Other information
1	<input type="checkbox"/>	<i>(Type here)</i>
2	<input type="checkbox"/>	
3	<input type="checkbox"/>	
4	<input type="checkbox"/>	
6	<input type="checkbox"/>	

Follow up works required

Tick where applicable (<i>tick appropriate box's</i>)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Nature of follow up works required (*Provide full details*)

Note: This form is to be emailed to the property manager / Owner / Agent and to info@roscon.com and filed in the Managers Property Portfolio

