Inspection Request Form



File No:	Invoice Number: Inspection Date:		ion Cost (incl GST): nt Date:	
those circumstan builder, or have h It is important to u to the other party qual	ces where you may nad a painting proje note that this servic y, VCAT or used to ified and all reports	y be having a dispuect completed and a ce comprises a writ assist in legal actions are written as per	ependent inspection service for ute with a painting contractor or are not satisfied with the result. Iten report that can be provided on. Our inspectors are industry or VCAT guidelines. The determined once all relevant	
paperwo	rk has been received	by the Master Painter	s Association of Victoria.	
Date:		Contact Name:		
Company Name:				
Inspection Address	:			
Billing Address:				
Phone Number:				
E-mail				
Type of Premises	○ Commercial○ Other	○Residential		
Reason for Inspection:				
Size of Inspection:	☐ Single Storey ☐ Units ☐ Other	☐ Double Storey ☐ Single Room	☐ Apartments	
Type of Inspection	O Internal	O External	◯ Both Internal and External	
When did you last have painting contractors working on the property?				
Date:	Other Info:			

Please ensure you inspection:	forward the following documents to admin@mpav.com.au prior to your			
	Relevant correspondence/e-mails			
	☐ Product data sheet			
	☐ Original quote from painting company			
	☐ Specifications for job			
	☐ Scope of work			
Availability for Inspection:	☐ Monday			
	☐ Tuesday			
	☐ Wednesday			
	Thursday			
	Friday			
Preferred Time:				
Please note that	once this form is received by our office, an invoice will be issued to your e-mail address for this inspection.			
This invoice must	pe paid prior to the inspection. The inspector has the right to cancel the inspection if payment is not made			

