

# REQUEST FOR AEROBIC TREATMENT UNIT INSPECTION REPORT FOR PURCHASERS/VENDORS

**Inclusions:**

- A full written report on the system’s functionality and health status by one of our qualified service personnel as stipulated by the Health Department;
- Digital photographic evidence of the system and its operational capacity;
- The type, brand and capacity of the system and its suitability to the size of the property;
- An estimation of any costs to bring the system up to a fully functioning condition, i.e. if a pump out is required and the time frame;
- Notification if a Health Department required Maintenance Agreement is in place;
- Description of how the system works, client support and education at the time of the Inspection Report;
- As per instructions from the client, a copy of the report may be forwarded to a third party
- An opportunity to implement an Ecowater Services “Health Care Plan of an ATU” at settlement.

**AGENCY NAME:**

**NAME OF AGENCY REP:**

**AGENCY ADDRESS:**

**MOBILE NUMBER:**

**OFFICE NUMBER:**

**SUBURB OR TOWN**

**POSTCODE**

**PREFERRED EMAIL ADDRESS:**

**CLIENT NAME:**

**MOBILE NUMBER:**

**DAYTIME NUMBER:**

**PROPERTY ADDRESS:**

**POSTCODE**

**BILLING ADDRESS (IF DIFFERENT FROM PROPERTY):**

**POSTCODE**

**PREFERRED EMAIL ADDRESS:**

**REPORT TO BE FORWARDED TO:**

<b>REPORT COST</b>	
<b>Service:</b>	<b>\$450.00</b>
<b>GST:</b>	<b>\$ 45.00</b>
<b>Total:</b>	<b>\$495.00</b>

**CREDIT CARD PAYMENT**

**CARDHOLDERS NAME:**

**TO MAKE AN EFT PAYMENT:**

Bendigo Bank BSB: 633-000 Account No.: 154 972 640  
Account Name: Ecowater Services Pty Ltd. Please Reference with the property address.

Card No.

Card type:  Visa  Mastercard

Expiry date: \_\_\_\_ / \_\_\_\_

Scan and email to [admin@ecowaterservices.com.au](mailto:admin@ecowaterservices.com.au)

Mail this form to: Ecowater Services PO Box 2572, MALAGA, WA 6944 Need more information? Call the team on 08 9248 9440.