



WESTERN AUSTRALIA

Common User Facility

Enquiry Capture Form/RFQ

FM OFFICE USE ONLY	
RFQ Number:	
Received by:	
Date:	

Company Name: _____ **ABN:** _____
Company Address: _____ **Postcode:** _____
Contact Person: _____ **Position:** _____
Phone: _____ **Mobile:** _____
Email: _____
Project Name: _____
Start Date: _____ **Finish Date:** _____

Project Description

Project Scope of Work at CUF

Project Scope of Work at CUF	
Please provide details of your requirements	
<input type="checkbox"/> Laydown Area _____ M ²	<input type="checkbox"/> Buildings required
<input type="checkbox"/> Floating Dock _____ Days	<input type="checkbox"/> SPMT
<input type="checkbox"/> Wharf _____ Days	<input type="checkbox"/> Services
<input type="checkbox"/> Other	

Other Comments