



# PROBLEM RESOLUTION FORM

PLEASE ENSURE YOU HAVE PROVIDED ALL THE INFORMATION IN THE FIELDS BELOW.

## APPLICANTS FULL DETAILS

Company Name: .....	Contact Person: .....
Physical Address: .....	Telephone No: .....
.....	Fax No: .....
Postal Address: .....	Mobile No: .....
.....	Email Address: .....

## OTHER PARTIES INVOLVED IN THE PROJECT

<b>Designer Practice:</b> .....	Phone: .....
Contact Name: .....	Email: .....
<b>Builder Firm:</b> .....	Phone: .....
Contact Name: .....	Email: .....
<b>Applicator Firm:</b> .....	Phone: .....
Contact Name: .....	Email: .....
<b>Installer Firm:</b> .....	Phone: .....
Contact Name: .....	Email: .....
<b>Supplier Firm:</b> .....	Phone: .....
Contact Name: .....	Email: .....
<b>Other Party:</b> .....	Phone: .....
Contact Name: .....	Email: .....

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**NATURE OF THE PROBLEM (FULL DETAILS)**

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**BACKGROUND INFORMATION**

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**LIST ATTACHMENTS PROVIDED**

For example : Contract Documents, Photos, Reports, Detail Plans and other helpful information.

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**Email your Problem Resolution Form including all attachments to : [secretary@wmai.org.nz](mailto:secretary@wmai.org.nz)**

