

**The Management Corporation Strata Title Plan No. 3481** 8A Admiralty Street #01-38 FoodXchange@Admiralty Singapore 757437 Tel: 6481 7225 / 6481 9232 Fax: 6481 3812 E-mail: themgt@foodxchange.com.sg Website: http://foodxchange.com.sg

To : MCST Plan No. 3481 8A Admiralty Street #01-38 Food Xchange @ Admiralty Singapore 757437 Tel: 6481 7225 Fax: 6481 3812 Note: Sprinkler Contractor Contact No. AGROFIRE ELECTRICAL PTE LTD BLK 3005 Ubi Ave 3 #03-60 Singapore 408861 Mr. Pravin HP: 9815 9284 Mr. Lim HP: 9663 7136 Draining/Charging of sprinkler system \$400.00 (subject to prevailing GST)

## **Application for Draining of Sprinkler System**

We wish to de-pressurize and drain off the sprinkler pipe system via the control and drain valves at \_\_\_\_\_\_ story to facilitate modification works to the sprinkler system at unit # \_\_\_\_\_\_ for M/s from

9.00 a.m. to 3.00 p.m. on \_\_\_\_\_ (date) and agree to the conditions stated below.

We understand that by so doing, this will affect the sprinkler system at the said storey and therefore, we undertake to blank off the branch pipe at the working floor and make good and pressurize the sprinkler system immediately after completion of works by latest 1500 hours on the same day.

I must engage the **in-house fire sprinkler contractor** to carry out any sprinkler works as stated in the By-Law 6.1.20.

We agree to pay **\$550.00** (subject to prevailing GST) to "MCST PLAN NO. 3481" being the fee for draining the sprinkler system per occasion, and any additional fees incurred shall be borne by us.

Requested By:

Name/Signature

Date

## **Company Name/Stamp**

- Request for draining of sprinkler system must be at least 1 week in advance in writing.
- Request for draining of sprinkler system during the weekends (Saturday or Sunday) would not be entertained.
- 2 sets of sprinkler system drawing and approved letter from FSB must be submitted to Management Office for reference and record.

## For Official Use

Sprinkler system was recharged for storey \_\_\_\_\_ on \_\_\_\_\_ (date) at \_\_\_\_\_ hours.

Fee paid	:	Bank	Cheque No.	

Checked By:	 Signature:	
(Form A6)	-	