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| ADVICE OF IMPENDING/COMPLETED\* CONTRACT WORKS\* Delete as necessary |
| Project Number: |  | Project Title: |  |
| Project Manager: |  | Location: |  |
|  |  |  |  |
| **DESCRIPTION OF WORKS:****(& areas affected)** |  |
| **BENEFITS & JUSTIFICATION:** |  |
| **CONTRACT PLACED WITH:** |  |
| **COMMENCEMENT DATE:** |  |
| **DELIVERY CONTACT:** |  |
| **DELIVERY POINT:** |  |
| **COMPLETION DATE:** |  |
| **USER COORDINATOR:** |  |
| **ESTATES OPS CUSTOMER SERVICE CENTRE:** | 020 759 **48000** |
| **OTHER ENQUIRIES:** |  |
| **PRACTICAL** **COMPLETION ACHIEVED ON:** |  |
| **HANDOVER DATE:** |  |
| **DEFECTS DATE:** |  |
| **ADMINISTRATOR:** |  |
| **LOCATION OF WORKS:** |  |
| **SITE PLANS ATTACHED:** |  |
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