



WESTERN AUSTRALIA

Common User Facility

Enquiry Capture Form

FM OFFICE USE ONLY

RFQ Number:	
Received By:	
Date:	

Company Name: _____

Company Address: _____

Contact Person: _____ Position: _____

Contact Numbers: Ph: _____ Mobile: _____

Email: _____

Project Name: _____

Start Date: _____ Finish Date: _____

Project Description:

Project Scope of Work at CUF:

Designated Facility Requirements (eg Building/type of work/area):

WHARF BOOKING INFORMATION (if required):

Shipping Agent: _____

ETA: _____ ETD: _____

Vessel Name: _____ Length: _____

Draft: _____ Ship Cranes: _____

Other Comments: