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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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