



Adjudication Response

TO

Adjudicator Name: _____ **Adjudicator Reg Number:** _____

ANA: **RICS Dispute Resolution Service**

ANA Contact Details: Level 3, Waterfront Place, 1 Eagle St, Brisbane QLD, 4000

Ph. 07 3360 0256

Fax: 07 3360 0222

ADJUDICATION DETAILS

Adjudication Number: _____ **Project:** _____

Payment Claim Amount (Including GST): \$ _____ **Date of Payment Claim:** ___/___/___

Scheduled Amount (Including GST): \$ _____ **Date of Payment Schedule:** ___/___/___

Adjudication application received date: ___/___/___

Adjudicator appointment date: ___/___/___

CLAIMANT DETAILS

Claimant Name: _____

Claimant Postal Address: _____

ABN/ACN: _____ / _____

RESPONDENT DETAILS

Respondent Name: _____

Respondent Postal Address: _____

ABN/ACN: _____ / _____

Please find attached submissions in relation to our payment schedule. These submissions clarify/elaborate upon the reasons for withholding payment, as per the payment schedule

Signed: _____ **Name:** _____

Date: ___/___/___