

FORM 2

EXTENSION OF TIME CLAIM AND OWNER'S RESPONSE TO CLAIM

(Condition 23 of the General Conditions of **QBCC Level 2 Renovation, Extension and Repair Contract**)

NOTE TO CONTRACTOR: This blank form may be copied for multiple use. **You must attach any relevant supporting information** (e.g. dates on which rain, or its effects, prevented work on Site) **and give the Owner a signed copy of this claim form within 5 Business Days of the Owner approving the claim.**

To: (Owner/s) _____
(insert name and postal address of Owner/s)

From: (Contractor) _____

Regarding construction at: _____
(insert Site address)

The Contractor wishes to claim an extension of time of the Date for Practical Completion.

The cause of the delay in achieving Practical Completion is: _____

(insert full description of a cause of delay from Condition 23.1)

The cause of the delay: is not a cause of delay listed in Schedule Item 6B.
(tick whichever is applicable)
 is a cause of delay listed in Schedule Item 6B, but the number of days that the Contractor has actually been delayed is more than the allowance stated in Schedule Item 6B.

The delay arose on: ____ / ____ / ____
(day) (month) (year)

Number of additional Business Days claimed by the Contractor as a consequence of this delay: _____
(Business Days)

New Date for Practical Completion after allowance for this delay: ____ / ____ / ____
(day) (month) (year)

SIGNED: _____ **DATED:** ____ / ____ / ____
(Contractor/Contractor's Representative to sign here) (day) (month) (year)

NOTE TO OWNER

The Contractor must give you this form within 10 Business Days of the earlier of the Contractor becoming aware of the cause and extent of the delay or when the Contractor reasonably ought to have become aware of the cause and extent of the delay. If you accept the Contractor's claim for an extension, then the Date for Practical Completion will be extended by the Business Days claimed by the Contractor. **You must indicate your acceptance, rejection or partial rejection of the Contractor's claim by completing, signing and returning this form, or similar written notice, to the Contractor as soon as possible but within 10 Business Days of receiving the claim. Keep a copy for your records.**

OWNER'S RESPONSE TO EOT CLAIM DATED: ____ / ____ / ____
(day) (month) (year)

Response to EOT Claim No.:

Tick whichever is applicable: The Owner **agrees with** the extension of time claim.
 The Owner **rejects all of** the extension of time claim.
 The Owner **rejects part of** the extension of time claim.
The part of the claim rejected is ____ Business Days.

The reason/s for rejecting all or part of the extension of time claim is/are: *(state reason/s below)*

SIGNED: _____ **DATED:** ____ / ____ / ____
(Owner/Owner's Representative to sign here) (day) (month) (year)

When this Schedule is completed, Contractor to retain original and give 2 legible copies to Owner.