

# FORM 4

## NOTICE OF DISPUTE OF PROGRESS CLAIM

(Condition 19 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 and must accompany a QBCC Form 3.

**NOTE TO OWNER:** If you intend to dispute a progress claim, this form must be returned to the Contractor within 5 Business Days of receipt of the disputed progress claim.

To: (Contractor) \_\_\_\_\_  
*(insert name and business address of Contractor)*

From: (Owner/s) \_\_\_\_\_  
*(insert name and postal address of Owner/s)*

Regarding construction at: \_\_\_\_\_  
*(insert Site address)*

*(tick whichever box is applicable)*

The Owner **rejects all of** your progress claim dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ for the Stage described in Schedule Item 8 as:  
*(day) (month) (year)*

\_\_\_\_\_  
*(insert name / description of the Stage from the Payment Schedule)*

**OR**

The Owner **rejects part of** your progress claim dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ for the Stage described in Schedule Item 8 as:  
*(day) (month) (year)*

\_\_\_\_\_  
*(insert name / description of the Stage from the Payment Schedule)*

The value of the part of the progress claim that is rejected is: \$ \_\_\_\_\_ (incl. GST)  
*(insert amount)*

The reason/s for rejecting all or part of the claim is/are: *(set out reason/s)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED: \_\_\_\_\_  
*(Owner/Owner's Representative to sign here)*

DATED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*(day) (month) (year)*

When form completed, Owner to give the Contractor the original and Owner to retain 2 legible copies.