



Ph: 9534 3444
Fax: 9534 2611
PO Box 5091, Falcon WA 6210

Date: _____

Time: _____

MAINTENANCE REQUEST FORM

PROPERTY ADDRESS: _____

TENANT NAME: _____

CONTACT NUMBER (during business hours) _____

NATURE OF PROBLEM: PLEASE BE SPECIFIC & GIVE FULL DETAILS: _____

If the problem is of an **EMERGENCY** nature, **PLEASE PHONE FIRST** and then confirm in writing.

PLEASE circle the options that apply, regarding appliances and entry –

Stove: gas / electric

Oven: gas / electric

Hot Water: gas / electric

To gain access to the property – (please select which option applies)

Use owners key and enter at your convenience

Phone me between _____ and _____ to make an appointment to enter

I / we hereby authorise your office and / or the repairers to enter the property above in order to view or carry out the repairs.

It is a policy of our office that all maintenance requests are made in writing and must be advised as soon as possible. In order for repairs to be attended to, please complete this form and either fax, post, hand deliver or email to our office.

Either a representative from our office or a tradesperson will be in contact with you.

Tenants Signature _____ Date _____