

Maintenance Form

Please Note: Failure to complete with as much detail as possible could result in delays. If you have difficulties completing this form, please contact our office on 1300 974 618 for assistance.

Date:			Asset Coordi	nator (if knov	vn)				
Property Addres	s:								
Tenant's Name/	s:								
Email:				_					
Home Phone:				Mobile:					
Hot Water: Stove		: Gas/Electric	Oven: Gas/	Oven: Gas/Electric		Air Conditioning Unit		Dishwasher	
Other:									
Make		Model		Serial Number					
Description of R	equired	Maintenance							
Have you referred to the Maintenance Troubleshooting Guide?							Yes	No	N/A
What (if any) remedial actions have you taken to fix the problem yourself?									
Do you give permis	sion for	vour contact de	tails to be provide	d to the Trade	sperson s	o thev may	, contac	t vou to	
organise entry to y		-		contact me be	-		, 55	,	