



PROPERTY MAINTENANCE REQUEST

DATE: ____/____/____

PROPERTY ADDRESS: _____

TENANT NAME: _____

TENANT CONTACT DETAILS:

PHONE | _____ MOBILE | _____ EMAIL | _____

URGENT REPAIR: YES \ NO

COMPLETE IF APPLICABLE:	OVEN:	ELECTRIC	GAS	
	STOVE:	ELECTRIC	GAS	
	HOT WATER:	ELECTRIC	GAS	
	HEATER:	ELECTRIC	GAS	
	AIR CONDITIONER:	EVAPOURATIVE	DUCTED	SPLIT SYSTEM

SPECIFIC DETAILS OF REPAIR: _____

DO YOU BELIEVE THIS IS A SAFETY RISK: YES \ NO

IF A TRADESPERSON IS CALLED OUT AND NO PROBLEM IS FOUND OR THE PROBLEM IS CAUSED FROM MISUSE OF EQUIPMENT OR YOU HAVE FAILED TO ATTEND AT THE AGREED APPOINTMENT TIME THEN YOU MAY BE RESPONSIBLE FOR THE SERVICE CHARGE, COST TO RECTIFY THE DAMAGE OR BOTH.

TENANT SIGNATURE: _____

DATE: ____/____/____

FAX | (02) 6033 5555

EMAIL | rentals.crre@iinet.net.au

OFFICE USE ONLY

TIME RECEIVED: ____ AM / PM DATE RECEIVED: ____/____/____ RECEIVED BY: _____

TRADE PERSON CONTACTED: _____

DATE CONTACTED: ____/____/____

TIME CONTACTED: ____ AM / PM

INVOICE RECEIVED

TASK COMPLETE