

Request for Routine Maintenance Form

Tenant to complete and submit this form to the agency

AGENCY							
NAME OF AGENCY: PROPERTY MANAGER:					PROPERTY MANAGER:		
Living Re	Living Realty Group Pty Ltd T/As RE/MAX Living						
ADDRESS:	ADDRESS: Shop 5, 189 Station Road						
SUBURB:	Burpenga	ary		S	STATE: QLD POSTCODE: 4505		
PHONE:		MOBILE:	FAX:	EMAIL:	EMAIL:		
07 3888 1	L511			rentals@remaxliving.com.	au		
TENANTS							
PROPERTY	Y ADDRESS:	; -					
	SUBURB:				STATE: POSTCODE:		
NAME OF 1	TENANT/S:						
PHONE:		MOBILE:	FAX:	EMAIL:			
THONE.		WODILL.	TAX.	LIVIAIL.			
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PHONE:		MOBILE:	FAX:	EMAIL:			
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DUONE		MODII E.	FAV.	FMAIL.			
PHONE:		MOBILE:	FAX:	EMAIL:			
PHONE:		MOBILE:	FAX:	EMAIL:			
				·			
I/we the Te for the sole instruction	e purpose o	on signing this for f gaining access	orm, consent to the pas s to the property in ord	ssing of my/our name and contact d er to complete any required mainter	letails onto tradespeople/contractors nance and or quotes as per the Lessor		
I/we	Consent	Do r	is form, consent to the passing of my/our name and contact details onto tradespeople/contractors tests to the property in order to complete any required maintenance and or quotes as per the Lessor to not consent Please select one				
To tradesp date and e tradespers	entry time. A	actors gaining e Iternative arran	entry to the property by gements via appointme	using keys supplied by the office o ent during business hours can be ot	r name and contact details onto tradespeople/contractors any required maintenance and or quotes as per the Lessor		
SIGNATUR	RES						
Tenant/s:			Date:	Tenant/s:	Date:		
			Doto		Data		
To:			Date:	Tamantia	Date:		
Tenant/s:				Tenant/s:	Date:		

INITIALS