

If you have any maintenance issues, please complete this form and return along with your Condition Report or forward it to our office.

Property Address: \_\_\_\_\_

Tenant/s: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Contact Phone: BH \_\_\_\_\_ Mob \_\_\_\_\_

Smoke alarms working YES / NO

Details of maintenance & possible cause:

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

Brand: \_\_\_\_\_ Model: \_\_\_\_\_

Serial #: \_\_\_\_\_

Is the Appliance Gas or Electric?

Gas  Electric

How would you prefer trades people to access the property?

Collect keys from Twin Waters  Arrange appointment with tenant

Please tell us what you have tried doing to rectify the problem:

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

I consent that my/our personal information shall be forwarded to trades people, the landlord and/or the landlord's agents for the purpose of maintenance and repairs.

Signed by Tenant/s \_\_\_\_\_ Date \_\_\_\_\_

Signed by Tenant/s \_\_\_\_\_ Date \_\_\_\_\_