

Request for Routine Maintenance Form

Tenant to complete and submit this form to the agency

AGENCY

NAME OF AGENCY:

Touch Residential Pty Ltd

PROPERTY MANAGER:

Shelley Walsh

ADDRESS: PO Box 143

SUBURB: Aspley

STATE: QLD

POSTCODE: 4034

PHONE:

0409 275 107

MOBILE:

0432 036 835

FAX:

EMAIL:

shelley@touchresidential.com.au

TENANTS

PROPERTY ADDRESS:

SUBURB:

STATE:

POSTCODE:

NAME OF TENANT/S:

PHONE:

MOBILE:

FAX:

EMAIL:

PHONE:

MOBILE:

FAX:

EMAIL:

PHONE:

MOBILE:

FAX:

EMAIL:

PHONE:

MOBILE:

FAX:

EMAIL:

Please provide the **complete** details of the maintenance required and any further information deemed relevant to this matter.

I/we the Tenant/s, upon signing this form, consent to the passing of my/our name and contact details onto tradespeople/contractors for the sole purpose of gaining access to the property in order to complete any required maintenance and or quotes as per the Lessor instructions.

I/we

Consent

Do not consent

← Please select one

To tradespeople/contractors gaining entry to the property by using keys supplied by the office only after I/we have been notified of a date and entry time. Alternative arrangements via appointment during business hours can be otherwise arranged with the tradesperson direct.

SIGNATURES

Tenant/s: _____

Date: _____

Tenant/s: _____

Date: _____

Tenant/s: _____

Date: _____

Tenant/s: _____

Date: _____

INITIALS