

Request for Routine Maintenance Form

Tenant to complete and submit this form to the agency

AGENCY

NAME OF AGENCY: Coolum Coastal Property PROPERTY MANAGER: _____

ADDRESS: Shop 6, 1790 David Low Way

SUBURB: Coolum Beach STATE: QLD POSTCODE: 4573

PHONE: 07 5231 9831 MOBILE: _____ FAX: _____ EMAIL: rentals@coolumcoastalproperty.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.

[Empty box for maintenance details]

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 _____

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