



## Maintenance Request Form

Date: ____ / ____ / ____	
Property:	
Tenant/s:	
Contact details:	
Name:	
Work:	Home:
Mobile:	Email:

Please note your contact details will be issued to tradesmen to arrange repair times directly with you.

Repair	Room	Appliance brand/ Model number

Authorisation for keys to be used by tradesmen to access property — YES/NO

\_\_\_\_\_  
Tenants signature

This form may be either: mailed, emailed or faxed to reception  
[info@atwellandco.com.au](mailto:info@atwellandco.com.au) or Fax 03 521 7263