97 Lime Avenue,
Mildura Vic 3500

Phone : 50186800
Fax : 50213921

MAINTENANCE REQUEST

Date: _____

Property Address:_____

Tenant Name/s:_____

Phone Number (AH)_____(BH)_____(M)_____

E-mail:_____Fax:_____

Access to Property: _____

Description of Maintenance Issue: **(Please be specific)**

_____

_____

_____

_____

Please Note : If a tradesperson attends your property and no fault is found with the maintenance reported you may be charged for the call out!

Signed by Tenant……

OFFICE USE ONLY: **Work Order #:**

Property Manager confirmed: ☐ DM ☐ NP ☐ Owner to pay ☐ Tenant to pay

Landlord Name: _____Landlord Ph #: _____

Landlord Contacted By: ☐ Phone ☐ Fax ☐ E-Mail Date:_____

Landlord's Instructions:

_____

_____

_____

Tradesman: _____Contacted By: ☐ Phone ☐ Fax ☐ E-Mail Date: _____

Instructions: _____

_____