

PROPERTY MAINTENANCE Elders **REQUEST FORM**



DATE: / /	Raw. F 005
PROPERTY ADDRESS:	
YOUR NAME/S:	
YOUR CONTACT DETAILS:	
(H):	(W):
(M):	Email:
Details of Repair Request (please be specific)	
Do you believe this to be a safety risk? (Please	e circle) Yes No
Reason:	
Access arrangement: Permission to use master Please note: If the repair is considered urgent or using the master key.	r a safety issue a tradesperson may be required to access the premises
PLEASE NOTE: 1. If a tradesperson is called out and no proequipment the payment for the repair will	blem is found or the problem is caused from your appliance or misuse of become your responsibility.
2. If you fail to attend at the "agreed" appointments	nted time with the tradesperson then you will be responsible for any nt.
TENANTS SIGNATURE:	I have read and acknowledge the above notes.
DATE://	
Fax: 02 6566 0546 Ema	ail: <u>crescenthead@eldersrealestate.com.au</u>
Office Use Only: LOG NUMBER	<u>DATE:</u> /
TIME RCVD am/pm Property	y Manager: RCVD BY:

DISCLAIMER We will only disclose the abovementioned information to other parties as required to perform our duties under any agreement, to achieve the purposes specified above and to provide an effective service, or as otherwise allowed under the Privacy Act 1988. Real Estate and tax laws require some of the abovementioned information to be collected. If the information is not provided, we may not be able to act effectively or at all. If you would like to access this information, you can do so by contacting us at Shop 4 Rankine Street Crescent Head or email on crescenthead@eldersreslestate.com.au you can correct this information if it is inaccurate, incomplete or out of date.