



Request for Routine Maintenance Form

Tenant to complete and submit this form to the agency

AGENCY

NAME OF AGENCY:

Island Sands Asset Management

PROPERTY MANAGER:

Island Sands Asset Management

ADDRESS: Shop 8/5-7 Garnet Road

SUBURB: TANNUM SANDS

STATE: QLD

POSTCODE: 4680

PHONE:

07 4973 7783

MOBILE:

NOT APPLICABL

FAX:

NOT APPLICABLE

EMAIL:

rentals@islandsandsam.com.au

TENANTS

PROPERTY ADDRESS:

SUBURB:

STATE: QLD

POSTCODE: 4680

NAME OF TENANT/S:

PHONE:

MOBILE:

FAX:

not applicable

EMAIL:

PHONE:

MOBILE:

FAX:

not applicable

EMAIL:

PHONE:

MOBILE:

FAX:

not applicable

EMAIL:

PHONE:

MOBILE:

FAX:

not applicable

EMAIL:

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

FOR EXAMPLE.....if the electric element on cooktop has stopped working, please provide details such as front left hand side/back right hand side OR if you wish to report a dripping tap name the whereabouts of the tap please.

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

000007477268