

**Tenancy Details**

Property address: \_\_\_\_\_

Property manager: \_\_\_\_\_

Tenant name/s: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home/Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Maintenance required (Please detail below):**

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Circle any options that apply:

The appliance is: GAS / ELECTRIC

**Access details: Select one option below:**

- ☐ Use office key for access
- ☐ Please contact me to arrange an appointment

By completing this form I/We agree to authorise Professionals Wantirna to provide my contact information to all necessary contactors required to undertake and/or quote for the repairs listed above.

Signature of tenant/s: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only

Tick

Initial

Maintenance request/s logged in system:

☐

Contact landlord for approval and update in system as required:

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