

# Request for Routine Maintenance Form

Tenant to complete and submit this form to the agency

## AGENCY

NAME OF AGENCY:

Vision Real Estate Qld Pty Ltd

PROPERTY MANAGER:

ADDRESS: 1/320 Shakespeare Street

SUBURB: MACKAY

STATE: QLD

POSTCODE: 4740

PHONE:

07 4951 4999

MOBILE:

FAX:

07 4951 4899

EMAIL:

reception@visionrealestateqld.com.au

## TENANTS

PROPERTY ADDRESS:

SUBURB:

STATE:

POSTCODE:

NAME OF TENANT/S:

PHONE:

MOBILE:

FAX:

EMAIL:

PHONE:

MOBILE:

FAX:

EMAIL:

PHONE:

MOBILE:

FAX:

EMAIL:

PHONE:

MOBILE:

FAX:

EMAIL:

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

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: \_\_\_\_\_

**SIGN  
HERE**

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

INITIALS

**INITIAL**

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