

Maintenance request form

Property:	Address: _____		
Name:	First name: _____ Last name: _____		
Contact:	I am <input type="checkbox"/> a registered tenant <input type="checkbox"/> an approved tenant Home: _____ Work: _____ Mobile: _____ Email: _____		
Maintenance details:	<p>The maintenance request* is:</p> <input type="checkbox"/> urgent – an emergency or the property is in danger <input type="checkbox"/> non-urgent – not an emergency <p>..... </p> <p><small>* Note: all maintenance requests are subject to landlord's approval and tradesperson availability.</small></p>		
Access to property:	<p>The tradesperson should:</p> <input type="checkbox"/> use RE Rentals key <input type="checkbox"/> call to arrange access* <p><small>* Note: if you arrange a time with a tradesperson and he/she is unable to gain access to the property at the arranged time, you will be responsible for any call out fee payable to the tradesperson in respect of that attendance. Please make sure that access to the property is provided at the agreed time.</small></p>		
Signature:	Tenant Signature: _____ Date: / / 20		
Lodgement:	You may lodge this request: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> in person <input type="checkbox"/> by post <input type="checkbox"/> by email </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> leaving it for collection at inspection <input type="checkbox"/> completing <u>online</u> </td> </tr> </table>	<input type="checkbox"/> in person <input type="checkbox"/> by post <input type="checkbox"/> by email	<input type="checkbox"/> leaving it for collection at inspection <input type="checkbox"/> completing <u>online</u>
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Privacy Statement:	RE Rentals privacy statement can be viewed here <p>Note: by signing this form you authorise RE Rentals to pass on your name and contact details to maintenance and tradespeople.</p>		
RE Rentals use:	Date received: <input type="checkbox"/> Emergency - if yes – PM advised <input type="checkbox"/> yes <input type="checkbox"/> Entered <input type="checkbox"/> yes Initials: _____		