



# Professionals Granger Clark

## Maintenance Request Form

PROPERTY ADDRESS:	
TENANT/S  Contact Information	NAME: _____ I AM: <input type="checkbox"/> LEASE HOLDER <input type="checkbox"/> APPROVED OCCUPANT BEST CONTACT NUMBER: _____ EMAIL: _____
REPAIR ADVICE:  Please provide as many details as possible so we can arrange the appropriate action	This request is: <input type="checkbox"/> URGENT—An emergency (please ensure you've read the examples of emergencies) <input type="checkbox"/> NOT URGENT _____ _____ _____  IF APPLICABLE: HWS <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC MAKE/MODEL: _____ STOVE <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC MAKE/MODEL: _____ OVEN <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC MAKE/MODEL: _____ A/C <input type="checkbox"/> EVAPORATIVE DUCTED <input type="checkbox"/> DUCTED R/C <input type="checkbox"/> SPLIT SYSTEM MAKE/MODEL: _____ OTHER MAKE/MODEL: _____
ACCESS FOR TRADESPERSON	<input type="checkbox"/> Use an agency key <input type="checkbox"/> Call to arrange access (H) _____ (M) _____ (W) _____ Best time to call: <input type="checkbox"/> Morning <input type="checkbox"/> Night <input type="checkbox"/> Anytime  <small>*Please be aware that if a booking is made with the contractor and access is not available, as arranged with tenants, you may be responsible for the callout fee. Please ensure a nominated per is at home to allow access.</small>
TENANT SIGNATURE	_____ DATE: ____ / ____ / ____
LODGEMENT	THIS FORM MAY BE EITHER— 1.     LODGED IN PERSON AT THE BELOW ADDRESS 2.     MAILED TO GRANGER CLARK PROFESSIONALS AT THE BELOW ADDRESS 3.     FAXED TO 9249 6085 4.     EMAIL TO <a href="mailto:info@grangerclark.com.au">info@grangerclark.com.au</a>

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