

Maintenance Request Form

Address of Property:				Date	:	
Tena	nt Name(s):					
Mobile:				Email:	Email:	
Phone (w):				Phone (h):		
The fo	ollowing repa	air items require attention:				
1.						
2.						
3.						
Please note: If the repairs needed are for an appliance, please advise whether it is gas or electric and provide the make and model number. This will speed up the process of organising the repair.						
	I hereby authorise Ray White, its employees and contractors to use the keys to the above property held by Ray White to gain access to, investigate and if applicable, carry out the repairs at the above property, without the need for further notice to me.					
	I do not authorise Ray White, its employees or contractors to use the keys to the above property held by Ray White and undertake to personally provide access to the property at a time to be advised by Ray White contractors. I freely acknowledge that if I make such arrangements and then fail to provide access to the property, I will be personally liable for any charges made by Ray White contractors for travelling to and from the property.					
I acknowledge that my contact information may be provided to either the contractors engaged by Ray White or the owner of the property to facilitate contact in order to carry out the repairs.						
Tenant Name Tenant Si			nant Signature	Date		
Please forward completed form to your property manager directly or our company: Email: rentals.melbournecbd@raywhite.com Fax: 03 8678 1101 Post: Ray White Melbourne CBD Rental, address: Lower Ground 630 Little Collins Street Melbourne VIC 3000. Office Use Only						
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Date	Received	Owner Contacted	- Ir	netructions		