

MAINTENANCE REQUEST FORM

Address of Property:	
Tenant Name (s):	
Mobile:	Email:
Phone (w):	Phone (h):
The following repair items require attend	
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PLEASE NOTE: If the repairs needed are for an appli This will speed up the process of organising the repair	iance, please advise wether it is gas or electric and provide the make and model number.
, , ,	mployees and contractors to use the keys to the above property held by Fryar OnThe Park carry out the repairs at the above property, without the need for further notice to me.
Eagleby and undertake to personally provide access to	mployees and contractors to use the keys to the above property held by Fryar OnThe Park to the property at a time to be advised by Fryar OnThe Park Eagleby contractors. I freely en fail to provide access to the property, I will be personally liable for any charges made by to and from the property.
I acknowledge that my contact information may be property to facilitate contact in order to carry out re	ovided to either the contractor engaged by Fryar On The Park Eagleby or the owner of the pairs.
Tenant Name	Tenant Signature
OFFICE USE ONLY	
Date Received : / / Instructions:	Owner Contacted:

1/172 Fryar Road, Eaglby QLD 4207
 Phone: 0422 288 742
 Fax: 07 3807 3439
 Email: info@fryaronthepark.com.au
 Web: www.fryaronthepark.com.au
 ABN: 40 406 177 037