

## Request for Routine Maintenance Form

Tenant to complete and submit this form to the agency

|           | AGENCY                                                                                                                                                                                                                                                                                |            |                      |                                       |                    |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------|---------------------------------------|--------------------|--|
|           | NAME OF AGENCY: PROPERTY N                                                                                                                                                                                                                                                            |            |                      |                                       | OPERTY MANAGER:    |  |
|           | Precinct Rentals                                                                                                                                                                                                                                                                      |            |                      | Ka                                    | Karen Mutze        |  |
|           | ADDRESS: 17/70 Michael Avenue                                                                                                                                                                                                                                                         |            |                      |                                       |                    |  |
|           |                                                                                                                                                                                                                                                                                       |            |                      |                                       |                    |  |
|           | SUBURB: Mora                                                                                                                                                                                                                                                                          | ayfield    |                      | STATE: (                              | QLD POSTCODE: 4510 |  |
|           | PHONE:                                                                                                                                                                                                                                                                                | MOBILE:    | FAX:                 | EMAIL:                                |                    |  |
|           |                                                                                                                                                                                                                                                                                       | 0451723121 |                      | karen@precinct.net.au                 |                    |  |
|           | TENANTS                                                                                                                                                                                                                                                                               |            |                      |                                       |                    |  |
|           | PROPERTY ADDRESS:                                                                                                                                                                                                                                                                     |            |                      |                                       |                    |  |
|           |                                                                                                                                                                                                                                                                                       |            |                      |                                       |                    |  |
|           | SUBURB:                                                                                                                                                                                                                                                                               |            |                      |                                       | STATE: POSTCODE:   |  |
|           | NAME OF TENAN                                                                                                                                                                                                                                                                         | IT/S:      |                      |                                       |                    |  |
|           |                                                                                                                                                                                                                                                                                       |            |                      |                                       |                    |  |
|           | PHONE:                                                                                                                                                                                                                                                                                | MOBILE:    | FAX:                 | EMAIL:                                |                    |  |
|           |                                                                                                                                                                                                                                                                                       |            |                      |                                       |                    |  |
|           | PHONE:                                                                                                                                                                                                                                                                                | MOBILE:    | FAX:                 | EMAIL:                                |                    |  |
|           |                                                                                                                                                                                                                                                                                       |            |                      |                                       |                    |  |
|           | PHONE:                                                                                                                                                                                                                                                                                | MOBILE:    | FAX:                 | EMAIL:                                |                    |  |
|           |                                                                                                                                                                                                                                                                                       |            |                      |                                       |                    |  |
|           |                                                                                                                                                                                                                                                                                       |            |                      |                                       |                    |  |
|           | PHONE:                                                                                                                                                                                                                                                                                | MOBILE:    | FAX:                 | EMAIL:                                |                    |  |
|           |                                                                                                                                                                                                                                                                                       |            |                      | nce required and any further informat |                    |  |
|           | 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:              |  |
|           |                                                                                                                                                                                                                                                                                       |            |                      |                                       |                    |  |
|           |                                                                                                                                                                                                                                                                                       |            |                      |                                       |                    |  |
|           |                                                                                                                                                                                                                                                                                       |            | Date:                |                                       | Date:              |  |
|           | Tenant/s:                                                                                                                                                                                                                                                                             |            | · ·                  | Tenant/s:                             |                    |  |
| INITIALS  |                                                                                                                                                                                                                                                                                       |            |                      |                                       | 000016581030       |  |
| EF096 v03 | /14                                                                                                                                                                                                                                                                                   |            | © Copyright The Real | Estate Institute of Queensland Ltd    | Page 1 of 1        |  |