

GRAHAM CHALMER

PTY. LTD.

MAINTENANCE REQUEST FORM

Tenants Details:

Full Name:

Contact Details:

Mobile:

Business Hours: () ()

After Hours: () ()

Email Address:

Property Details:

Unit No / Street No:

Street Name:

Suburb:

Maintenance Details:

Appliance type if applicable:

Gas ☐ Electricity ☐ Water ☐ Other (Please specify) ☐

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Maintenance Required (please provide as much detail as possible):

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Access Details:

(Please tick which method you would prefer:

Release Agency key to Tradesperson (if applicable): ☐

Tradesperson to contact Tenant: ☐

Graham Chalmer Pty Ltd
Licensed Estate Agents
ABN 63 004 796 490

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