LANDMARK

RUSSELL

37 Linsley Street (PO Box 57), COBAR NSW 2835
FAX: 6836 3163

MAINTENANCE REQUEST FORM

In order for maintenance to be attended to, please complete this form and fax, post or deliver to our office promptly.
PLEASE NOTE THAT ALL NON URGENT REPAIRS MUST BE SUBMITTED USING THIS FORM

In an ***EMERGENCY - please phone the office first on: 02 6836 2234 (Monday - Friday 8.30am - 5.30pm)***
After Hours: Property Management Mobile: 0408 362 237

PROPERTY ADDRESS
REPAIRS REQUIRED: Provide as much detail as possible
How long has the condition existed
TENANT SIGNATURE

TENANT DETAILS	
FULL NAME:	
PHONE: (H)	MOBILE:
PHONE: (W)	FAX:
ACCESS ARRANGEMENTS	
I hereby give consent for a tradesperson to use the keys kept at Landmark Russell Real Estate: YES/NO If you do not consent to the key being used, we will provide your details to the tradesperson to arrange a mutually convenient time to attend.	
Please note: If a tradesperson is called to the property you rent and: • the problem is caused by your faulty appliance,or • if no problem is found,or • if you make a time with the tradesperson & you are not at home when they call,or • the problem is caused through misuse or mistreatment of the appliance or equipment, then you will be charged the service call fee.	
DATE:	

OFFICE USE ONLY:

LANDLORD: _____ MAINTENANCE CEILING: $ _____

- ☐ Entered into REST
- ☐ Allocated to Property Manager:
- ☐ Landlord contacted (if required) _____ CONTRACTOR/S REQUIRED _____
- ☐ Details entered in REST _____ CONTRACTOR: faxed/phoned/emailed Date: _____
- ☐ Invoice received & repair completed in REST

PLEASE NOTE: We will only disclose the above mentioned information to other parties as required to perform our duties under any agreement, to achieve the purposes specified above and to provide and effective service, or as otherwise allowed under the Privacy Act, 1988.