

Request for Routine Maintenance Form

Tenant to complete and submit this form to the agency

AGENCY

NAME OF AGENCY:

CQ Executive Properties

PROPERTY MANAGER:

ADDRESS: Shop 3B, 281 J Hickey Avenue, CLINTON QLD 4680

PO Box 7398,

SUBURB: KIN KORA

STATE: QLD

POSTCODE: 4680

PHONE:

07 4978 7914

MOBILE:

0476 126 846

FAX:

EMAIL:

office@cqexecutiveproperties.com.au

TENANTS

PROPERTY ADDRESS:

SUBURB:

STATE:

POSTCODE:

NAME OF TENANT/S:

PHONE:

MOBILE:

FAX:

EMAIL:

PHONE:

MOBILE:

FAX:

EMAIL:

PHONE:

MOBILE:

FAX:

EMAIL:

PHONE:

MOBILE:

FAX:

EMAIL:

Please provide the **complete** details of the maintenance required and any further information deemed relevant to this matter.

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: _____

Tenant/s: _____ Date: _____ Tenant/s: _____ Date: _____

INITIALS