Accredited Agency

Request for Routine Maintenance Form

Tenant to complete and submit this form to the agency

AGENCY

NAME OF AGENCY: MASONGATE PTY LTD TRADING AS KAS WOCH REAL ESTATE

PROPERTY MANAGER:

ADDRESS: CORNER ARCHER & DENISON STREETS

PO BOX 369

SUBURB: ROCKHAMPTON STATE: QLD POSTCODE: 4700

PHONE: (07) 4922 3631 MOBILE: FAX: (07) 4922 1186 EMAIL: admin@kaswochrealestate.com.au

TENANTS

PROPERTY ADDRESS:

SUBURB: STATE: QLD POSTCODE:

NAME OF TENANT/S:

PHONE: MOBILE: FAX: EMAIL:

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:

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INITIALS