

MAINTENANCE FORM

Date: _____ Time: _____ Apart No: _____

Resident Name _____

Email: _____ Mobile/Phone: _____

Kitchen

Rangehood
Stove
Fridge
Microwave

Taps
Cupboards
Other

Bathroom

Toilet
Shower
Basin

Taps
Cupboards
Other

Bedroom 1 (Left)

Bedroom 2 (Right)

Study
Data Point Other

Lounge / Dining
Fan Other

Doors

Electrics / Smoke Detector

Common Areas / Owners Corporation

Staff Name: _____

Please Note:

- If you are not available, unless we are notified otherwise, our staff will access your apartment, review the issue, and advise accordingly.
- If you are not available, unless we are notified otherwise, the contractor who will be appointed to rectify the issue will access your apartment and complete the task.
- If the you or your guests has caused the damage you will be responsible for the cost of the repairs.
- If at the request of the resident, a contractor attends but the appliance/problem is found to be working correctly the resident will be deemed responsible for the call out fee.

Resident Signature _____