

Request			enance Form		
AGENCY					
NAME OF AGENCY:	:			PROPERTY MANAGER:	
RJKE Realty T/AS Re/Max Reach				Rachel Ellis	
ADDRESS: 89 Gyr	mpie Road				
SUBURB: Tinana	a		ST	TATE: <u>QLD</u> POSTCODE: <u>4650</u>	
PHONE:	MOBILE:	FAX:	EMAIL:		
0741230523			reachrentals@remax.com.a	au	
TENANTS					
PROPERTY ADDRE	SS:				
SUBU	RB:			STATE: POSTCODE:	
NAME OF TENANT/	S:				
PHONE:	MOBILE:	FAX:	EMAIL:		
PHONE:	MOBILE:	FAX:	EMAIL:		
PHONE:	MOBILE:	FAX:	EMAIL:		
PHONE:	MOBILE:	FAX:	EMAIL:		
Please provide t	he complete de	tails of the mainten	ance required and any further inf	formation deemed relevant to this mati	ter.
I/we the Tenant/s, for the sole purpos instructions.	upon signing this f e of gaining acces	form, consent to the parts to the parts to the property in ord	assing of my/our name and contact de der to complete any required mainten	etails onto tradespeople/contractors ance and or quotes as per the Lessor	
I/we Conse	ent Do	not consent	← Please select one		
To tradespeople/co date and entry time tradesperson direc	e. Alternative arrar	entry to the property b ngements via appointm	y using keys supplied by the office on ent during business hours can be oth	ly after I/we have been notified of a nerwise arranged with the	
SIGNATURES					
Tanantia		Date:	T	Date:	
Tenant/s:			i enant/s:		
		Date:		Date:	
Tenant/s:			Tenant/s:		

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INITIALS