

MAINTENANCE REQUEST FORM

Property: _____

Name of Adults Residing At the Property:

1/ _____

2/ _____

3/ _____

4/ _____

Contact: Home: _____ Work : _____

Mobile: _____ Other: _____

Email: _____

Does Your Smoke Detector Work? YES / NO

Request for Maintenance: (please include model name and numbers for appliances.)

1/ DATED: _____ SIGNED: _____

2/ DATED: _____ SIGNED: _____

3/ DATED: _____ SIGNED: _____

4/ DATED: _____ SIGNED: _____

**This form can be posted to 77 Silverdale Road, Eaglemont 3084, faxed to (03) 9497 4344.
Alternatively, email all relevant details to paigehanley@christouandco.com.au**

**A staff member from our office will be in contact within 48 hours of receiving this notice.
(Unless urgent repair)**