

Caine Real Estate Maintenance Request Form

Tenants Details:

Full Name:

Contact Details:

Mobile:

Business Hours: ()..... ().....

After Hours: ()..... ().....

Email Address:

Property Details:

Unit Number/Street Number:

Street Name:

Suburb:

Maintenance Details:

Appliance type if applicable:

Gas Electricity Water Other (please specify)

Maintenance Required (Please provide as much detail as possible)

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Access Details:

(Please tick which method you would prefer)

Release Agency keys:

Tradesperson to contact Tenant:

Office Use Only

Urgent / Non-Urgent

Landlord Name: _____ Phone: _____

Contacted: Yes / No / Left message on: _____

Approved Repairs: Yes / No

Tradesman contacted: Yes / No Name: _____

Number: _____

Tradesman followed up on: _____

Caine Real Estate Pty Ltd
Licensed Estate Agent
ABN 62 621 978 637

Director & Licensed Agent
Damian Caine CEA REIV

Caine Real Estate Pty Ltd
721 Sturt St
BALLARAT VIC 3350
Telephone: (03) 5320 6000
Fax: (03) 5320 6060
Email: rental@cainere.com.au