



**D RESIDENTIAL GROUP**

## MAINTENANCE REQUEST FORM

### DETAILS

Date

Tenant Name

Property Address

Contact Number

### TYPE OF REPAIR (please tick)

Plumbing/Gas

Electrical

Air Conditioning

General Maintenance

Repairs required:

### ACCESS FOR TRADESPERSON

Call for access

Use office key

### SIGNATURE

Tenant Name

Signature

**EMAIL completed form: [info@dresidential.com.au](mailto:info@dresidential.com.au) OR MAIL to PO BOX 580, Mount Hawthorn WA 6915**