

TENANCY MAINTENANCE REQUEST FORM

Request Date:	
Name:	
Address Requiring Maintenance:	
Contact Number:	
Description of Maintenance required:	

OFFICE USE ONLY

Cost:			
Priority	<input type="checkbox"/> P1 <1 week	<input type="checkbox"/> P2 =1-4 weeks	<input type="checkbox"/> P3 >4 weeks
Manager Name (If cost over \$500)			
Manager Signature (If cost of \$500)			

MAINTENANCE COMPLETION

Maintenance Complete:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date completed:		
Completed by:		
Comments:		