

**MAINTENANCE REQUEST FORM**

IMPACT Property Management

2/209 Hare Street,

ECHUCA VIC 3134

Phone 03 54 801528 Fax 03 54801530

DATE: \_\_\_\_\_

PROPERTY: \_\_\_\_\_

TENANT: \_\_\_\_\_

CONTACT NO'S(H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

PROBLEM (Please describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR APPLIANCES PLEASE INDICATE: \_\_\_\_\_

GAS/ELECTRIC: \_\_\_\_\_

MAKE/MODEL: \_\_\_\_\_

How long has the problem existed: \_\_\_\_\_

Has it occurred before: \_\_\_\_\_

Have you tried to rectify the problem: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Office use Only:

Date Received: \_\_\_\_\_ Property Manager \_\_\_\_\_

Date Actioned: \_\_\_\_\_

