



OFFICE USE ONLY Time received: Received by:
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PROPERTY MAINTENANCE ACTION FORM

DATE: _____

PROPERTY: _____

TENANT: _____

PHONE NO: h) _____ w) _____ m) _____

PROPERTY ACCESS: Phone First Key @ Office

➤ **Your phone must be answered for maintenance to be done.**

REPAIR DETAILS –

Please be sure to mention the make, model and description of the appliance (if applicable) Be specific with your instructions: eg. The toilets leaking! Where and when does it leak? Is it Cracked? Is it leaking from the rubber seal or from a tap? Leaking bathroom sink – is it the ensuite or main bathroom?

MAINTENANCE ISSUE:

SIGNATURE: _____