



Attention: KAREN NELSON

Fax To: (03) 5261 5255

MAINTENANCE REQUEST FORM	
Full Name:	
Property Address:	
Contact Numbers:	

Date item or each item became apparent:

Description and location of item/s:

Has there been any consequential material damage as a result of the claimed item/s? Describe:

What steps have you taken (if any) to mitigate any consequential damage?

Signature of Claimant	Date
Please Note – Access must be provided for assessment / inspection and or any work which may be undertaken, during normal business hours Mon. – Fri. 8am – 4pm.	
OFFICE USE ONLY	
Date Received:	Logged to CRM: By- Date:
Assessed By:	
Action:	