MAINTENANCE DEPARTMENT
FAX TO: 4041 3141
Email: maintenance@hsvisiongroup.com

CAIRNS | one

Date:_____

REPAIR ADVICE

Tenant: _____

Apartment: _____

Work Ph: _____ **Home Ph:** _____

Mobile: _____ **Fax No:** _____

IT IS A POLICY OF OUR OFFICE THAT ALL NOTIFICATION OF REPAIRS MUST BE IN WRITING

In order for a repair to be attended to, please complete the repair advice and fax, post or deliver to our office. Either a representative of our office or our tradesperson will be in contact with you.

Details of repair: (Please print clearly)

_____

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_____

Tenant Confirmation

I/We hereby authorise your office and or the tradesman to enter the property with the key in order to carry out the repair.

Signed by Tenant: _____ **Date:** _____

OR TIME WHEN YOU WILL BE PRESENT: _____