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| **MAINTENANCE REQUEST** |
| **Body Corporate Details** | Scheme Name:Property Address: |  CTS No:   |
| **Details of Person** | Name: |  | Relationship to Property: | Lot No: |
| **Making Request** |  |  | (eg. Owner/Agent/Tenant/Committee) |  |
|  | Home Phone: |  | Business Phone: | Mobile Phone: |
|  | Fax: |  | Email: |  |
| **Details of Work Required** | Description of Work Required:  |   |
| If an Insurance Claim is required, an Incident Report Form will also need to be completed |  |  |
|  | Location of Work Required: |   |
| **Access To Property****(**If Different to Person Making Request) | Contact Person:Mobile Phone:Additional Information: | Home Phone: Business Phone: Email:  |
| **Signature of Person Making Request** |  | Print Name: | Date: |
| **Send To** | **Mail** | **Noosa District Body Corporate Management** |
|  |  | **PO Box 385, Noosa Heads QLD 4567** |
|  | **Fax** | **07 5473 5711** |
|  | **Email** | **info@noosabcm.com.au** |