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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**](mailto:info@noosabcm.com.au) | | |