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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PROPERTY & GROUNDS**  **MAINTENANCE REQUEST FORM** | | | | | | | | | | | | C:\Users\sgallagher\Documents\OHS &  Admin\Logos\Steve's Town of East Fremantle_Logo_Colour [HIGHRES].jpg | | | | |
|  | | | | | | | | | | | | | | | | |
| Please complete this form and return to the Town of East Fremantle to request any property maintenance.  If the works are required due to damage, please complete the Property Damage Incident Report Form. This will allow the Town of East Fremantle to investigate the property damage and prepare an insurance claim if necessary.  This form should be emailed to [admin@eastfremantle.wa.gov.au](mailto:admin@eastfremantle.wa.gov.au) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **CONTACT INFORMATION** | | | | | | | | | | | | | | | |
| **Full Name:** |  | | | | | | | | | | **Position:** | | |  | |
| **Organisiation:** |  | | | | | | | | | | | | | | |
| **Address:** |  | | | | | | | | | | | | | | |
| **Postal Address:** |  | | | | | | | | | | | | | | |
| **Contact Number:** |  | | | | | | | | | | **Mobile:** | | |  | |
| **Email:** |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **PROPERTY DETAILS** | | | | | | | | | | | | | | | | |
| **Property Name:** | |  | | | | | | | | | | | | | | |
| **Property Address:** | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **MAINTENANCE REQUEST DETAILS** | | | | | | | | | | | | | | | | |
| **Location of Issue:** | | | |  | | | | | | | | | | | | |
| **Nature of Request:** | | | **Building** | | Electrical | | | | | Plumbing | | | | | Air Conditioning | |
|  | | |  | | Roof / Gutters | | | | | General Maintenance / Repairs | | | | | | |
|  | | |  | | Other: | |  | | | | | | | | | |
|  | | | **Grounds** | | Turf | | | | | Reticulation | | | | | Weed Control | |
|  | | |  | | Top Soil / Levelling | | | | | General Maintenance / Repairs | | | | | | |
|  | | |  | | Other: | |  | | | | | | | | | |
| **Date Occurred:** | | |  | | | | | | **Time Occurred:** | | | |  | | | |
| **Is this the first time this fault has occurred?** | | | | | | Yes | | No (see below) | | | | | | | | |
| **If no, please provide date of previous occurrences/:** | | | | | | | | |  | | | | | | | |
| **Please provide further information and details relating to the request:** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Please provide any relevant attachments to assist in the assessment of the maintenance request, such as photos. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| OFFICE USE ONLY | | | | | | | | | | | | | | | | |
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