



SUNSHINE COAST  
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## MAINTENANCE REPORT

Building Name:		CTS Number:		Lot Number:	
Property Address:					

### DETAILS OF PERSON MAKING REQUEST:

Name/s:	
Address:	
Phone Number:	
Email:	

**Please tick one of the following:**

- Committee
  Owner
 Property Manager

(Tenants are to contact the Property Manager for any maintenance issues)

### MAINTENANCE REQUEST:

**What area is Maintenance required:**

- Lot No.  
 Common Property

### DETAILS:

I declare that the information provided is true and correct.

Signed: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Date: \_\_\_\_\_