

PROPERTY MODIFICATION REQUEST FORM



DATE ___ / ___ / ___

Property Address:

Tenant Details

Name: _____ Mobile: _____

Email: _____

Modification Request

Type/s of modification/s requested:

Photo of area where the modification is requested

Details of Tradesperson/Company to undertake work

Name: _____

ABN: _____

Tick which of the following are attached to this form:

- Invoice/Quote Warranty Safe work method statement Professional Indemnity Insurance
 Workers Compensation License (if appropriate) Public Liability Insurance

By signing this application you understand that this information will be given to the Landlord and the Strata Committee (if applicable) in its entirety.

Tenant Signature: _____

Please hand in your application to your housing manager
OR email to housing@stkch.org.au