



PLEASE COMPLETE ALL FORM FIELDS

NAME:

ADDRESS:

CONTACT: (BUS) (HOME)

(MOBILE)

EMAIL:

PREFERRED ACCESS DETAILS - Please tick box

(A) TRADESPERSON TO CONTACT TENANT DIRECT FOR ACCESS TO PROPERTY DURING BUSINESS HOURS

(B) TRADESPERSON TO GAIN ACCESS TO PROPERTY FROM KAREN GORNALLE & ASSOCIATES MASTER KEY

MAINTENANCE REQUIRED:

DATE:

SIGNATURE:

realestate@karengornalle.com.au | www.karengornalle.com.au