

Maintenance Checklist

Tenant(s): _____ Address: _____

Home Ph: _____ Mobile: _____ Email: _____

Please circle

Are there any leaks under the kitchen sink?	Yes	No
Are there any leaks under the bathroom wash basins?	Yes	No
Are there any leaks from the shower?	Yes	No
Are there any leaks from the hot water system?	Yes	No
Are there any leaks from behind the toilet?	Yes	No
Are there any leaks from the ceiling?	Yes	No
Are there any power points not working?	Yes	No
Are there any faults with the stove elements or oven?	Yes	No
Are there any problems with guttering or downpipes?	Yes	No

If you have answered YES to any of the above, please provide further information and photos thanks.

Are there any other urgent concerns? _____

Tenant Signature _____ Date _____