



AUSTRALASIAN

Body Corporate Management

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REQUEST FOR: WORK ORDER

NAME OF BODY CORPORATE: _____ CTS: _____

PROPERTY ADDRESS: _____

APPLICANT NAME: _____

CONTACT DETAILS: PHONE: _____ EMAIL: _____

MAINTENANCE DETAILS:

DESCRIBE REQUIRED MAINTENANCE TO THE COMMON PROPERTY: _____

DESCRIBE EXACT LOCATION OF PROBLEM: _____

Sign: _____ Date: _____