



Landlord's Instruction Form

AGENT DETAILS

906-908 Doncaster Road, Doncaster East, Victoria 3109
Phone (03) 9848 1100 Email rentals@parkesproperty.com.au

FILLING OUT THIS FORM

Once completed please print, sign, date and return to us (see agent details).

PERSONAL DETAILS

Investment property

Address _____

Suburb _____ Postcode _____

Landlord's name

Title (1) _____ First Name (1) _____ Surname (1) _____

Title (2) _____ First Name (2) _____ Surname (2) _____

Landlord's details

Address _____

Suburb _____ Postcode _____

Home phone _____ Work phone _____

Mobile (1) _____ Mobile (2) _____

Email _____

Company name (if applicable) _____

ABN (if applicable) _____

STATEMENTS

I/We wish to receive statements:

via email (free of charge)

Statement to address _____

via post (\$3.30 admin fee)

Suburb _____ Postcode _____

BANKING

Name of bank _____ Branch location _____

Address _____

Account holders name/s: _____

BSB - Account number _____

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AUTHORISED PAYMENTS FROM RENT COLLECTED

Maintenance accounts	<input type="checkbox"/>	Deduct from rent	<input type="checkbox"/>	Send to owner
Council rates	<input type="checkbox"/>	Deduct from rent	<input type="checkbox"/>	Send to owner
Land tax	<input type="checkbox"/>	Deduct from rent	<input type="checkbox"/>	Send to owner
Insurance	<input type="checkbox"/>	Deduct from rent	<input type="checkbox"/>	Send to owner
Owners Corporation	<input type="checkbox"/>	Deduct from rent	<input type="checkbox"/>	Send to owner
Water	<input type="checkbox"/>	Deduct from rent	<input type="checkbox"/>	Send to owner

Name of water provider _____

INSURANCE

Building & public liability _____

Policy number _____

Landlord Insurance provider _____

Policy number _____

OWNERS CORPORATION

Manager / agent _____

Contact person _____

Phone _____ Strata Plan no _____

MAINTENANCE

We hereby authorise Parkes Property Leasing to carry out maintenance on our property without referring to ourselves, to a maximum cost of:

\$200.00 \$300.00 \$500.00 Other \$ _____

or, we wish to be contacted first (tick box)

In the event of repairs being required at my/our property, we would prefer the following tradesperson:

Name _____

Trade _____ Phone _____

Please note: All quotes obtained regardless of price will be phoned or emailed to the landlord for consent prior to works going ahead.

EMERGENCY CONTACT

In the event of requiring instructions on matters affecting my/our property and I cannot be contacted, my contact is:

Name _____

Home Phone _____ Work Phone _____

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AUTHORISED PAYMENTS
FROM RENT COLLECTED

Please indicate choice by placing 'x' in applicable box

Periodic **carbon monoxide inspection** to be carried out by a contractor(s)

HIGHLY RECOMMENDED

***only applies to internal gas heating units**

Price: **\$249.00** (including GST) for a **carbon monoxide test and service**

once every 24 months

no inspection

Date of last inspection _____

Periodic **smoke alarm inspection** to be carried out by a contractor(s)

HIGHLY RECOMMENDED

Price: **\$101.00** (including GST) – annual fee

once every 12 months

no inspection

Date of last inspection _____

Periodic **swimming pool safety barrier inspection**

once every 12 months

no inspection

Date of last inspection _____

GENERAL

Would you like to attend Routine Inspections?

Please indicate choice by ticking the applicable box

Yes

No

I / We will supply Parkes Property a minimum of three (3) sets of keys/swipes/remotes to the property. In the event that we do not supply 3 sets, Parkes Property is authorised to cut/order keys/swipes/remotes to ensure that the agent shall have an office set for the purpose of inspections and maintenance access.

I/We hereby authorise Parkes Property Leasing to sign lease agreements on our behalf

Please indicate choice by ticking the applicable box

Yes

No

SIGNATURE

Signed by landlord(s)

Date
