

DEFECT NOTIFICATION FORM

please complete all fields on this form and forward to service@hamiltonmarino.com.au along with any photos depicting the issue and someone will call to arrange a time for an inspection

DATE REPORTED:

APT NUMBER:

**BUILDING NAME &
ADDRESS:**

CURRENT TENANT(S):

CONTACT PHONE(S):

E-mail:

DEFECT:

please include any photos or videos which display the defect and the implications this is causing to your apartment, this aids with a faster rectification process.

**DETAILED
EXPLANATION
OF THE DEFECT
REPORTED:**