



FORM 0

Office Use: Date received: _____
Have been informed of the scheduled time Yes No

TENANT INSPECTION REQUEST

Name: _____

Contact # H: _____ W: _____ M: _____

Please email me a list of rental properties each week, Email: _____

List the properties you wish to inspect: _____

When do you wish to inspect the property? (Subject to the our schedule)

Please circle one of these: **Morning** / **Afternoon** or _____

Have you viewed these properties at www.northshorerealty.com.au Yes / No

How many bedrooms do you need? 1 2 3 4

Do you need a furnished property? Yes No

Did you drive past the property/s? Yes No

Required tenancy term _____ month / years

How many people wish to reside in the property? _____

Max. rent payable \$ _____

Do you need a lock up garage? Yes No

Do you have the full bond = 4 weeks rent? Yes / No

When do you want to move into a property? _____

Do you have rental references? Yes / No

Do you have pets? Yes / No Number: _____ Type: _____

Additional Comments: _____

