

ALTERATIONS TO THE PROPERTY REQUEST

Date:			
Name:			
Address:			
I/We seek permission to make the following all (Please include as much details as possible and if yo paint colour)		o paint the property please attac	h the proposed
I/We understand that the alterations are at my	our costs and must remain	n at the property at the end o	f the tenancy.
Signature:	Signature:	Date:	
This form can be returned to us via;			
Email: dapto@mmj.com.au	Fax: 4288 8000		
Post: P0 Box 3007 Brownsville NSW 2530	In Person: 1/27 Princes Highway Dapto NSW 2530		