

JIM'S TEST & TAG

INSTRUCTIONS

VERY IMPORTANT

Please complete and return as soon as possible to:

Accom Cairns

PO Box 1490, Cairns Qld 4870

Fax: 07 4031 1813

rentals@accomcairns.com.au

PROPERTY ADDRESS	
-------------------------	--

LESSOR NAME	
--------------------	--

SECTION 1 – INSTRUCTIONS TO AGENT FOR JIM'S TEST & TAG

	<input type="checkbox"/> AGENT IS NOT TO TAKE ACTION I/We understand the consequences of not ensuring our property is compliant with Testing & Tagging legislation and I/we have decided to take full responsibility for any costs or losses which may occur as a result. I/we release the Agent from any possible litigation or fines relating to the Electrical Testing & Tagging status on my/our Property.
--	--

LESSOR SIGNATURE

SIGNATURE	Lessor Name	Signature	Date

OFFICE USE

Date instructions received	Instruction actioned with work request to Contractor – copy attached	Lessor has instructed No Action by Agent – copy of form sent to Lessor	Copy of this form filed in Property file with PAMD20a
Date	Staff Date	Staff Date	Staff Date