



TENANT REQUEST FORM - FURNITURE / APPLIANCES / FLOOR COVERING



DATE: _____

ADDRESS: _____

TENANT: _____

REF. NO: _____

FURNITURE	QUANTITY	LOCATION	DESCRIPTION *	LIABILITY ** TENANT/LANDLORD/ CARE PROVIDER	COMMENTS *** New Purchase/Replacement Reason for Request	HEAD OFFICE USE ONLY	
						SUPPLYING COMPANY	DELIVERY DATE
BED			WATERPROOF / NORMAL				
MATTRESS ONLY			WATERPROOF / NORMAL				
HEADBOARD			BLUE / PINK / BEIGE / GREEN				
SOFA			3 SEATER / 2 SEATER				
ARMCHAIR							
CHAIRS							
SOFA BED							
DOUBLE WARDROBE							
¾ DRAWER CHEST			3 DRAWERS / 4 DRAWERS				
3 DRAWER BEDSIDE							
COFFEE TABLE							
DINING SET			4 SEATER / 6 SEATER / 8 SEATER				
CARPETS / FLOOR COVERING							
FRIDGE / FREEZER ***							
STANDING FREEZER							
WASHING MACHINE							
TUMBLE DRYER							
DISHWASHER							
OTHERS							

* Please cross out and / or tick appropriate box.

** Please insert info for each item requested.

*** Please detail your requirements as much as possible.