

Foxtel Request Form

Today's Date:	
Property Address:	
Tenant/s Name:	
Tenant/s Phone Number:	

Please initial to acknowledge

Tenant/s acknowledge approval is needed from the owner/body corporate, if applicable, before any installation occurs. The completion of this form does not give approval to have Foxtel installed.

It is the tenant/s responsibility to organise installation if approved and pay for all costs associated with the installation unless otherwise agreed upon.

The tenant/s agree that it is their responsibility to repair and pay for any damage caused to the property due to the installation of Foxtel either by the equipment and/or the technician.

Any issues due to the upkeep and maintenance of Foxtel are **NOT** the responsibility of Fitzpatricks or the landlord and Foxtel is to be contacted directly.

Signature/s: _____ Date: _____

Office Use Only

TM:	Date Received:	Owner Contacted:	Approved: yes no
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