



REQUEST FOR ASSISTANCE

Tenancies

Level 1 Chesser House
91-97 Grenfell Street
Adelaide SA 5000

GPO Box 965
Adelaide SA 5001

Telephone (08) 8204 9544
Facsimile (08) 8204 9570
www.ocba.sa.gov.au

Bond number:	Amount paid: \$
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The Office of Consumer and Business Affairs provides assistance in dispute situations AFTER an effort has been made by the parties to resolve the problem themselves. If you haven't brought your complaint to the other party's attention, you should do so right away. You should use this form to apply to us for assistance when you have spoken to the other party and have not obtained satisfaction. Tenancy Officers are available to provide advice and information if required.

NOTE: THIS IS NOT AN APPLICATION FOR AN ORDER OF THE TRIBUNAL

Applicant details: (Please tick one box) Landlord Agent Tenant Resident Park owner*

Name:	
Address of rented premises/ rented property:	
Postcode:	
Telephone home:	Telephone work:
Mobile:	Email:
Postal address:	
Postcode:	

Other party's details: (Please tick one box) Landlord Agent Tenant Resident Park owner*

Name:	
Address:	
Postcode:	
Telephone home:	Telephone work:
Mobile:	Email:

General tenancy/agreement details:

Date tenancy/agreement commenced:	
Weekly rent: \$	Date rent paid to:
Type of agreement: (Please tick one box)	
Fixed <input type="checkbox"/>	From: / / To: / / Periodic <input type="checkbox"/>

*park owner means the owner or the operator of a residential park

What assistance are you seeking (eg: bond refund/repairs/quiet enjoyment etc)?

Please supply full copies of your lease/agreement, invoices, receipts, quotes and any other documents relevant to your dispute.

Statement by applicant (Please use this space to add any further details relating to your dispute. Add extra pages if necessary.)

Signed: _____ **Date:** / / 20