



MALICIOUS DAMAGE CLAIM FORM

This form must be completed with 48 hours of the incident occurring

Name of person making report.....

Address of incident.....

Date of incident..... Time.....

Police Event Number..... Police Report attached **Y**..... **N**.....

Description of incident.....

.....

.....

Name of person/s who caused damage.....

.....

Phone number.....

Witness name.....

Phone number.....

Witness name.....

Phone number.....

I understand that Homes Out West are entitled to pursue the person responsible for costs associated with the repair. **I understand that ongoing incidents of malicious damage at my property may place my tenancy in jeopardy.** All claims are subject to approval by the Housing Services Manager.

Signed.....

Name.....

Date.....

Office use only

Received by..... Date.....



Deniliquin Office
139 End St
P. 03 5881 4182
F. 03 5881 8361

Albury Office
449B Swift St
P. 02 6021 8899
F. 02 6021 4068

Postal Address
PO Box 922
Deniliquin
NSW 2710

Email
admin@homesoutwest.com.au
Web
www.homesoutwest.com.au
ABN. 85 769 215 848