

Real Estate Management

Department for Administrative and Information Services

40 Flinders Terrace
Port Augusta 5700
Phone (08) 8642 6061
Fax: (08) 8124 4617



House Number _____ Town _____

Tenant: _____

Signature: _____

House type: Share() Duplex() Family ()

Furniture Kits for Far North Housing

Chests of Drawers, Wardrobes and Mirrors are not provided where house has built-ins

No. Required	Item	2 Person Share	Duplex	Family	Reason for replacement
	Baking Pan	1	1	1	
	Bed Base – Single	2	1	2	
	Bed Base, Double 4'6''(Ensemble)	-	1	1	
	Bedhead – Single	2	1	2	
	Bookcase 880mm	2	2	1	
	Chair Dining	6	6	6	
	Chair Lounge	2	2	2	
	Chest of Drawers	2	2	3	
	Desk 880mm	2	2	1	
	Dryer Clothes	1	1	1	
	Freezer, Chest 210ltr	1	1	1	
	Frypan Electric	1	1	1	
	Garbage Bin, Metal with lid	1	1	1	
	Iron Steam/Dry	1	1	1	
	Ironing Board with cover	1	1	1	
	Jug Electric	1	1	1	
	Lounge Sofa Bed	1	1	1	
	Mattress Double 4'6''		1	1	
	Mattress Single	2	1	2	
	Mirror	2	2	3	
	Microwave Oven (Where no stove in house)				
	Refrigerator no freezer 330ltr	1	1	1	
	Saucepan set of 4	1	1	1	
	Table Dining 1500x900mm	1	1	1	
	Table Occasional 600x600	1	1	1	
	Toaster Electric	1	1	1	
	Vacuum Cleaner	1	1	1	
	Wardrobe 2 Door 800mm	2	2	3	
	Washing Machine	1	1	1	

Furniture will not be ordered unless a reason for replacement is given and this form is signed by the tenant and the supervisor

I certify the above furniture should be replaced for the reason given:- _____ / /
Principal/Supervisor or Key Agent