



URGENT REPAIRS: CONTACT SUSAN EVERDELL 0412 684 497

TENANT REPAIR REQUEST FORM

Name of person : _____ Date: _____

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS OF THIS FORM TO ENABLE US TO FULFIL YOUR REQUIREMENTS EFFICIENTLY.

IT IS COMPANY POLICY ALL REPAIR REQUESTS BE IN WRITING AND FAXED OR EMAILED TO THE OFFICE AS SOON AS THE PROBLEM HAS OCCURRED.

Property address: _____

Tenant Name: _____ Mobile: _____

EXACT DETAILS & SEQUENCE OF EVENTS CAUSING THE PROBLEM:

Circle the item which is affected:

Stove - gas / electric

Hot water service – gas / electric

Heater / fireplace - gas / electric

Plumbing (toilet, septic, water pump)

Accessibility options:

1. Tradesperson use agency key with notice to tenant
2. Advise of appointment time so I can be here for the tradesperson
3. Tenant only in attendance on _____ at _____.

Tenant Signature _____ Date: _____ Phone: _____

Office use only:

Owner notified Date: _____ Time: _____ Urgent: yes / no

Tradesman Name _____ Contacted: _____

Quote Obtained: _____ Appmnt to rectify: _____

Staff Signature: _____ Date: _____