

Property: _____ Date: _____

Tenant/s Name: _____

Contact Numbers: (H) _____ (M) _____ (W) _____

Email: _____

Repairs Required: (supply as much detail as possible)

If reporting an appliance please provide: Make, Model and Serial Number:

Tenant/s Signature

Date

All repairs are to be forwarded in writing. If not submitted in person, please contact our office to confirm receipt of repair.

OFFICE USE ONLY

Date received: _____ Date landlord advised: _____ Spoke to: _____

Owner attending

Office to arrange tradesman

Instructions:

Date tenant informed: _____