

## **REPAIR REQUEST FORM**

Date:						
Name:						
Address:						
Contact Number:						
to be reported IMMEDIATEL Fenancy Agreement. ALL o	_Y by phoning the off ther repairs or requir o repairs it is often ne	ice on 42618 ed maintena cessary to or	890. For afterhounce are to be represented are to be represented an	aintenance. <b>Emergency/Ui</b> ors emergency repairs refer forted to the office IN WRITIN d obtain the landlord's appro	to your Residential IG as soon as	
Type of Repair	( ) Plumbing ( )	) Electrical	( ) General	( ) Urgent		
Details of Problem:						
Problem Started on:						
Please note you may be charged a fee that if a tradesperson is called out to your property and the tradesperson finds that the problem was caused by your faulty appliance, or if no problem is found, or If you make a time with the tradesperson and you are not at home when they call, or the problem is caused through misuse or mistreatment of the appliance or equipment.						
This form can be returned I  Email: dapto@mm  Post: P0 Box 300			Fax: 4288 8000 In Person: 1/27 F	Princes Highway Dapto NSW	2530	
Signature:		Signatur	re:	Date:		



## **OFFICE USE ONLY**

Repair Received on//	Repair Entered into Property Tree ( ) Yes ( ) No
Landlord Contacted on//	( ) Owner Attending ( ) Contractor Required
Instructions:	
Contractor:	Work Order Sent://
Completed on/	( ) Owner to Pay() Paid from rent trust
Invoiced Entered on/	Invoice Number:
Notes:	