



Ph: 02 6493 3444 * Fax 02 6493 3443

PROPERTY REPAIR REQUEST FORM

DATE: _____

ADDRESS: _____

TENANT NAMES: _____

CONTACT PHONE NUMBER: _____

DETAILED DESCRIPTION OF MAINTENANCE REQUIRED

TENANT SIGNATURE: _____

Instructions for tradesperson – PLEASE TICK A BOX

- Tenant to be present when the tradesperson is at the property.
- Please ask the tradesperson to contact me.
- The tradesperson may enter the premises.

OFFICE USE ONLY

| | | |
|------------------|----------------|-----------------|
| Owner Contacted: | Email and date | __ __ / __ / __ |
| | Telephone | __ __ / __ / __ |
| | Left Message | __ __ / __ / __ |

Owners/Other Comments: _____

