

PERSONAL DETAILS

Property address: _____

Tenant Name: _____

Phone (H) _____ (W) _____ (MOB) _____ (email) _____

REPAIRS REQUESTED: PLEASE BE SPECIFIC AND GIVE THE FULL DETAILS.

APPLIANCES - Please circle the options which apply, regarding appliances:

If any of the following items need attention,

❖ Stove is gas / electric ❖ Oven is gas / electric ❖ Hot water is gas / electric ❖ Brand _____

AIR CONDITIONING & HEATING

If the repair involves an air conditioning unit please describe, *(Circle the appropriate)*

❖ Ducted Evaporative ❖ Reverse Cycle - ducted / wall unit ❖ Brand _____

If the repair involves a heating unit, please describe, *(Circle the appropriate)*

❖ Gas - ducted / freestanding heater / built in heater ❖ Reverse Cycle - ducted / wall unit

❖ Wood - slow combustion / open fire ❖ Electric – in floor / other ❖ Brand _____

ACCESS - To gain access: *(Circle the appropriate)*

❖ Use owners key and enter at your convenience

❖ Phone me between _____ and _____ am / pm to make an appointment to enter

DECLARATION

It is a policy of our office that all repairs or complaints must be in writing and must be advised as soon as possible. In order for repairs / complaints to be attended to, please complete this form and fax, post or deliver to our office. Either a representative of our office or a tradesperson will then be in contact with you.

We are an independently owned and operated business. We are bound by the National Privacy Principals. We may be collecting personal information about you by various methods throughout the tenancy to enable us to manage and maintain the premises as per the Residential Tenancies Act. We may disclose personal information about you to the owner of the property and to contractors (approved and authorised by Ray White) in the course of our day to day duties. You have the right to access personal information that we hold about you by contacting our privacy officer.

TENANTS CONFIRMATION

I / we hereby authorise your office and / or the repairers to enter the property as above in order to view or carry out the repairs.

TENANTS SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

OWNER _____ REPAIRER _____ PROP MNGR _____

OWNER NOTIFIED _____ DATE ISSUED _____ LIMIT \$ _____ LOADED ON CONSOLE _____

FILE NOTES _____