

REPAIR REQUEST FORM

Property: _____

Tenant / s: _____

Date: ____ / ____ / ____

Contact details:

Name: _____

W: _____

H: _____

M: _____

Email: _____

Repairs requested:

Please note that if a tradesperson is called out and:

- The problem is caused by your faulty appliance; or
- If no problem is found; or
- If you make a specific time with the tradesperson and you are not home; or
- The problem is caused through misuse or mistreatment of appliance or equipment;

Then you are responsible to pay for the service call.

If you have any questions or require more information, please contact our office direct on (02) 6847 4430

This form may be either:

- Lodged in person at Richardson & Sinclair 9 Burton Street Warren or 119 Pangee Street Nyngan
- Mailed to us at the above address
- Faxed to 02 6847 4448

Signature: _____

Date: _____

Office use only (Checklist)	
• Date received	____ / ____ / ____
• Time received	____ am/pm
• Information entered on Console Yes/No	____ / ____ / ____
• Landlord advised Yes/No by phone/email/letter	____ / ____ / ____
• Landlords instructions:	
• Job given to:	
• Work Order No.	
• Tradesmen to contact tenant to arrange access to the property	Yes/No
• Tenant confirms tradesmen can use the agency's keys to access property	Yes/No
• When invoice received, work order has been signed	Yes/No
• Advise landlord of invoice cost and payment arrangements	Yes/No
• Invoice approved for payment	Yes/No

Property Manager's signature _____