

ROUTINE REPAIR REQUEST

PLEASE COMPLETE ALL OF THE FOLLOWING AND RETURN
TO THE ABOVE:

IN PERSON BY POST BY EMAIL BY FAX

DATE:

TENANT(S) NAME:

ADDRESS:

HOME PH:

MB:

REPAIR REQUEST:

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**ACCESS FOR TRADESPERSON – YOU WILL NEED TO BE PRESENT!!! - PSE ALLOW 3
WORKING DAYS.**

OFFICE USE ONLY

DAY: MON TUES WED THURS FRID

DATE:

TIME: 9.00AM – 1.00PM 1.00PM – 4.00PM

REPAIRER:

BY FX:

BY PH: