

REPAIR ADVICE FORM

It is a policy of our office that all repairs must be in writing and advised as soon as possible. Please complete this form and a member of our office will be in contact.

CONTACT DETAILS

Name of Tenant: _____

Address: _____

Phone: _____

Mobile: _____

Work: _____

Email: _____

DESCRIBE THE REPAIRS OR MAINTENANCE REQUIRED

Details of Repair: _____

TENANT CONFIRMATION

Please tick box if we can issue contact numbers to the tradesmen or landlord.

Tenant Signature: _____

Date: ___ / ___ / ___

OFFICE USE ONLY

Repairer: _____

Date Issued: ___ / ___ / ___

Cost: _____

Date Completed: ___ / ___ / ___

Date Paid: ___ / ___ / ___

