

REPAIR REQUEST

DATE LODGED	___/___/___
PROPERTY	ADDRESS _____ PROPERTY MANAGER – LYNETTE CASSIDY (07) 3277 7727
TENANT Contact info	NAME _____ I AM <input type="checkbox"/> The Registered Tenant on the Lease <input type="checkbox"/> Approved Tenant Home phone _____ Work phone _____ M _____ Email _____
REPAIR ADVICE Please provide as much detail as possible so we can arrange appropriate action.	THIS REQUEST IS: <input type="checkbox"/> URGENT – An emergency or the Property is in danger of damage <input type="checkbox"/> NOT URGENT – Not an emergency IF APPLICABLE HOT WATER <input type="checkbox"/> Gas <input type="checkbox"/> Electric Make/Model _____ STOVE <input type="checkbox"/> Gas <input type="checkbox"/> Electric Make/Model _____ OVEN <input type="checkbox"/> Gas <input type="checkbox"/> Electric Make/Model _____ OTHER _____ <input type="checkbox"/> Gas <input type="checkbox"/> Electric Make/Model _____
ACCESS FOR TRADESPERSON	<input type="checkbox"/> A Dog is on the premises. Tenant/s agree to restrain or remove for access. <input type="checkbox"/> Use Agency key-tradesperson to advise day of entry <input type="checkbox"/> Call to arrange access * CONTACT(H) _____ (W) _____ (M) _____ BEST TIME TO CALL _____ DAY _____ TIME am/pm * Please be aware that if a booking is made with the Contractor and access is not available, as arranged with Tenants, you may be responsible for the call out fee. Please ensure a nominated person is at home to allow access.
TENANT/S SIGNATURE	_____
LODGEMENT	THIS FORM MAY BE EITHER : 1. Lodged in person in office Mark Ward Property 2. Emailed to rentals@markwardproperty.com.au 3. Left on kitchen bench on inspection date as per Entry Notice issued. We'll collect it!
PRIVACY STATEMENT	We are an independently owned and operated business. We are bound by the National Privacy Legislation. We may be collecting personal information about you by various methods through 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 authorized by MARK WARD PROPERTY) in the course of our duties.
AGENCY USE	Date Received ___/___/___ Time _____ am/pm Property Manager _____ <input type="checkbox"/> Waiting approval <input type="checkbox"/> Work order sent to contractor _____ <input type="checkbox"/> Lessor instructions Attached <input type="checkbox"/> Work Order Attached <input type="checkbox"/> Emergency – Actioned and Under Control