

Repairs Request Form

Name: _____

Address: _____

Contact Numbers: _____

Email: _____

Problem:

(Please tick where necessary)

- Dripping Taps**
- Dripping Shower Head**
- Blocked Toilet**
- Running Toilet**
- No Hot Water**
- No Power/Power Points**
- Stove (Electric/Gas)**
- Pest Control**

(Please circle where necessary)

- Kitchen – Bathroom – Shower – laundry – Garden – Pipes
- Main Bathroom - Ensuite
- Main Bathroom - Ensuite
- Main Bathroom - Ensuite
- Kitchen – Bathroom – Shower - Whole House
- Bedroom - Lounge - Kitchen
- Front Elements - Back Elements - Oven
- Cockroaches - Mice - Fleas

Other:

Tenants Signature: _____

Agent: _____

Date: _____

Please return this form via email to parramatta@ranw.com.au or via fax to 02 9630 0362