



# Repair Request Form

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Property: \_\_\_\_\_

Tenant / s: \_\_\_\_\_

Contact Details: (mob) \_\_\_\_\_ (hm) \_\_\_\_\_

**Important** - If the repair is of an urgent nature or a safety issue tradesperson/s may be required access the premises using the office set of keys.

Or you may also authorise access using the office set of keys: **Yes / No**

**Repair requested in full detail:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please Note – If a tradesperson is called out and it is found that the problem was caused by your actions or you do not meet the tradesperson at time arranged, then you will be responsible to pay for the service call and to rectify any damage if caused by you.*

Tenant's signature: \_\_\_\_\_

This form may be either:

- Lodged in person at Hudson Real Estate Galleria Building William St Port Macquarie 2444
- Mailed to us at the above address • Faxed to - 02 6583 1817

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### Office use only (Checklist) Completed

- Date received \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Time received \_\_\_\_ am/pm
- Landlord advised and approval given Yes/No \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- If NO, tenant and Landlord letters sent \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- If YES, job given to:
- Property Manager's signature: