

# Port Macquarie Property Management Repair Request Form

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

Property:

Tenant / s:

**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 ordinarily you may also consent to access using the office set of keys: **Yes / No**

H:

W:

M:

Email:

**Repair requested in full detail:**


If the repair is to be conducted on an **appliance**, please record the make and model of the appliance: \_\_\_\_\_

**Please Note** – If a tradesperson is called out and: **(a)** the problem is caused by your faulty appliance or **(b)** If no problem is found or **(c)** If you make a specific time with a tradesperson and you are not home or **(d)** The problem is caused through misuse or mistreatment of an appliance or equipment, 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 **Port Macquarie Property Management – 120 William St Port Macquarie 2444.**
- **Mailed** to us at the above address
- **Faxed** to **Port Macquarie Property Management - 02 6584 4131**

We will only disclose the abovementioned information to other parties as required to perform our duties under any agreement, to achieve the purposes specified above and to provide an effective service, or as otherwise allowed under the Privacy Act 1988. Real Estate and tax laws require some of the abovementioned information to be collected. If the information is not provided, we may not be able to act effectively or at all. If you would like to access this information, you can do so by contacting us at 120 William Street Port Macquarie. Phone 02 65844133, Fax 02 65844131 and email [enquiries@portpropertymanagement.com.au](mailto:enquiries@portpropertymanagement.com.au) You can correct this information if it is inaccurate, incomplete or out of date. This business is independently owned and operated by the proprietor Joaldane Pty Ltd ABN 68123831229.

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:	