

nsons Repair Form

PROPERTY ADDRESS
TENANTS
NAME:DATE:
CONTACTS:(W)(M)
NAME:DATE: CONTACTS:(W)(M)(F)
FMAII
NATURE OF REPAIR REQUEST: PLEASE BE SPECIFIC WITH FULL DETAILS.
PLEASE PRINT CLEARLY.
PLEASE FRINT CLEARLT.
If the problem relates to an electrical appliance please complete the following:
APPI IANCE:
APPLIANCE:
BRAND & MODEL:
GAS OR ELECTRIC:HAS THIS HAPPENED PREVIOUSLY:
HAS THIS HAPPENED PREVIOUSLY:
ACCESS ARANGEMENTS:
A) WILL THERE BE SOMEONE HOME FOR ACCESS:
B) CAN OUR TRADES PEOPLE USE OUR KEYS FOR ACCESS
C) I MUST BE CONTACTED ON:
We may be collecting personal information about you by various methods throughout 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 or the property and to contractors (approved and authorized by Wilkin-
sons Real Estate) in the course of our day to day duties. You have the right to access personal information
that we hold about you by contacting the Principle. PLEASE NOTE— Should a tradesperson be called out
and the problem is found to be related to the appliance being incorrectly used or one of your appliances
was proven to be faulty, YOU MAY BE LIABLE FOR THE SERVICE CALL OUT FEE. If a tradesperson is
called without permission for anything other than an emergency repair, YOU MAY BE RESPONSIBLE FOR
THE PAYMENT OF THE ACCOUNT.
I,, HAVE READ AND AGREE WITH THESE TERMS.
SIGNED:DATED:

PLEASE PRINT OUT AND KINDLY FAX TO RICHMOND (02) 45783412 OR WINDSOR (02)45773433