

Tenant Repair Form

PLEASE COMPLETE, SIGN & RETURN TO: mail@taylors.com.au	
Name of Tenant	
Property Address (<i>incl suburb</i>)	
Name of Property Manager	
Tenant Contact #/s	<p>1. Mobile _____</p> <p>2. Home _____</p> <p>3. Work _____</p>
Repair	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
Access Details (<i>please tick</i>)	<p><input type="checkbox"/> Would you like to be contacted by the Tradesman?</p> <p>or:</p> <p><input type="checkbox"/> Do you give permission for the Tradesman to use a key held at Taylors Property Management Specialists?</p>
OFFICE USE ONLY	
Date Repair Form Received	
Received By (<i>name</i>)	