

Raine&Horne® REPAIR REQUEST

ALL REPAIRS MUST BE SUBMITTED IN WRITING

repairs@bathurst.rh.com.au

DATE: _____

TENANT'S NAME: _____

ADDRESS: _____

CONTACT: (H) _____ (W) _____ (M) _____

EMAIL _____

Please complete all 4 sections of this form

Return this form to: repairs@bathurst.rh.com.au

1. Repairs Requested: _____

(Please provide as much detail as possible)

2. Can we give the tradesperson a key for access? Yes No

If not, what is your preferred day & time for repair. _____ at _____ am/pm

3. If appliances need repair, please state type & how long this fault has existed:

(i.e. gas/electric) _____ Make/Model _____ Fault Date _____

4. Is the repair a health or safety issue: Yes No

Tenant Signature _____

Office Use Only

Entered into Rest as pending: Yes No

Was work deemed urgent and authorised? Yes No. By whom: _____

Landlord: _____ Landlord Phone (m): _____

Phone (h): _____ Phone (w): _____

Landlords Authority for repairs: Yes No Date: _____ Key # _____

Tradesperson Allocated: _____ Date: _____

Tenant advised of Tradesperson allocated: _____ Date: _____

Notes: _____

Rest updated and details saved to property file: Date: _____ Work order no. _____

WHO PAYS: Landlord Tenant Bond Insurance Body Corporate