

REPAIR REQUEST

DATE: _____

TENANT'S NAME: _____

ADDRESS: _____

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

Email _____

REPAIRS
REQUIRED: _____

(Please provide as
much detail as
possible)

ACCESS FOR
TRADESPERSON: Use the Agency's key

Call to arrange access

TENANTS SIGNATURE: _____

THIS FORM MAY BE EITHER:

1. Lodged in person at **Pacific Property Management** – 101 Park Beach Road, Coffs Harbour
2. Mailed to **Pacific Property Management** – P.O. Box 6039, Coffs Harbour, 2450
3. Faxed to **(02) 6652 8531**
4. Email to reception@coffsaccommodation.com.au

Office Use Only

Date Received: _____ Time: _____ am/pm

Property Manager: _____

Date Entered on Computer: _____ by _____

Job given to: _____ Order No. _____