



Phone: (02) 6021 5233 Fax: (02) 6041 1779

Email: [repairs@steannicholls.com.au](mailto:repairs@steannicholls.com.au)

### REPAIR REQUEST FORM

DATE:

---

ADDRESS:

---

---

TENANT/S:

---

CONTACT:

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email: \_\_\_\_\_

REPAIRS  
REQUIRED:

---

Please provide as  
much detail as  
possible

---

---

NOTE: If  
appliances, please  
specify brand,  
make, model, gas,  
electric

---

---

---

---

---

ACCESS FOR  
TRADESPERSON:

Use the Agency Keys

Call to Arrange Access

OFFICE USE ONLY

Date Received: \_\_\_\_\_

By: \_\_\_\_\_

Property Manager: \_\_\_\_\_

Landlord Approved: Y/N

Work Order Sent: Y/N

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