



BLACKSMITHS CAVES BEACH
69 Tured Street C1 60 Caves Beach Rd

4972 1066

rentals@andrewmcgrathfn.com.au

Repair Request Form

If this problem is an EMERGENCY please phone 0428 406 442 or 4972 1066 first & confirm in writing later

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: H: \_\_\_\_\_ W: \_\_\_\_\_ M: \_\_\_\_\_

Email \_\_\_\_\_

IMPORTANT - PLEASE READ!

I understand that should the tradesman find that the problem was caused by mistreatment or one of my own appliances, I will be liable & will pay the tradesman's account

REPAIR REQUESTED: Please be specific and give as much information as possible

Four horizontal lines for providing repair details.

Please tick the option that applies to your appliance

COOK TOP: Gas [ ] Electric [ ] OVEN: Gas [ ] Electric [ ] HOT WATER SERVICE: Gas [ ] Electric [ ] Inside [ ] Outside [ ]

Access Arrangements: Trades people will need access. Please advise which of the following you would prefer.

Use your Master Key at the convenience of the tradesperson Y [ ] N [ ]

Phone me / or \_\_\_\_\_ to make arrangements Y [ ] N [ ]

DISCLAIMER & PRIVACY AGREEMENT

It is a policy of our office that all repairs or complaints must be in writing and must be advised as soon as possible. In order for repairs/complaints to be attended to, please complete this form and fax, email, post or deliver it to our office. Either a representative of our office or a trades person will then contact you. We are an independently owned and operated business. We are bound by the National Privacy Principals. 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 of the property and to contractors (approved and authorized by First National Andrew McGrath in the course of our day to day duties. You have the right to access personal information that we hold about you by contacting our office.

Confirmation

I / we hereby authorize your office and / or the repairer to enter the property as above in order to view or carry out the repairs Y [ ] N [ ]

Name \_\_\_\_\_ Signed: \_\_\_\_\_