

REPAIR/SAFETY REQUESTS

TENANTS NAME: _____

ADDRESS: _____

CONTACT: (h) _____ (w) _____ (m) _____

REPAIRS/SAFETY MATTERS REQUIRED:

(provide as much
detail as possible)

ACCESS FOR TRADESPERSON: A) PLEASE CALL US FIRST
B) USE OFFICE KEY

TENANTS SIGNATURE: _____ DATE: _____

FOR URGENT REPAIRS/SAFETY MATTERS PLEASE CONTACT LAING + SIMMONS ON 42324466

THIS FORM MAY BE EITHER:

1. Lodge in person at 12 Manning Street Kiama
2. Mailed to 12 Manning Street KIAMA NSW 2533
3. Fax to Laing + Simmons on 02 42324466
4. Email to info@lskiama.com.au

OFFICE USE ONLY

Date Received: _____ Time: _____ am/pm

Date Entered on Computer _____