

Urgency Checklist

If you answer 'yes' to any of the below questions, please phone us immediately instead of completing this form. Refer to your Tenant Start-up Pack for contact details, maintenance classifications and response timeframes.

Is anyone in danger or at risk of being injured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a health condition or safety concern that means it should be fixed quickly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the issue causing further damage to the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you unable to secure your home? For example: the front door will not lock.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your smoke alarm not working and you have already changed the battery?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Request Details

Have you reported this problem before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you installed the item yourself? You then accept responsibility for the cost of the repair.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or another household member or a visitor damaged the item? You then accept responsibility for the cost of the repair.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Access Details:

Information to assist the tradesperson. For example: only home after 1.00 pm.

Maintenance Issue

Is the issue: Internal External

Description:

Tenant name:

Property address:

Email:

Phone:

Tenant's signature:

Date: