

# Repair Request Form & Checklist

**mccormackbarber**  
Suite 15, 9 Telopea Way, Orange  
Ph: 02 6360 0002 Fax: 02 6362 0366

Date: \_\_\_\_\_  
Property: \_\_\_\_\_  
Tenant/s: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone (h): \_\_\_\_\_ Mobile: \_\_\_\_\_

**Access details:** Please provide 2 different times and days if you would like to be home when a tradesperson attends to the problem

Day: \_\_\_\_\_ Between: \_\_\_\_\_ AM/PM

Day: \_\_\_\_\_ Between: \_\_\_\_\_ AM/PM

Alternatively please tick if you allow tradesperson to use the office key to gain access: ☐

**Repairs Requested:** Please provide as much detail as possible, including brand, model and serial number of appliance, gas or electric

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This form may be submitted by the following methods:

Lodged in person at **McCormack Barber**

Mailed to us **15/9 Telopea Way, Orange NSW 2800**

Faxed to **02 6362 0366**

Emailed to **repairs@mccormackbarber.com.au**

Office use only (Checklist)			
Date Received:	/ /	Tradesperson/s:	
L/L Contacted	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work Order no/s:	
Contact Method:		Inv received:	/ /
L/L approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inv amount:	\$
Access confirmed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inv approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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