

KILBURN SQUARE HOUSING CO-OPERATIVE

RESIDENTS REPAIR REQUEST FORM

Officer to tick relevant box

At Office

Telephone Call

Date: _____ Time: _____ am/pm

Resident's Name: _____

Address: _____

Tel No: _____

Repair Request: _____

Access arrangements:

AM

PM

Key available
at reception

Contractor

Job Number

In-house repair

Follow up action:

Staff member signature:
