NORTHEND MANAGEMENT LTD
Student and Professional Accommodation Services

INITIAL REPAIR FORM – Address_____

Please list all repairs in as much detail as possible using the first two columns of the table below and return this form to our office.

Contact Telephone Number: _____ Name: _____ Date: _____

		Office Use Only		
Area / Room	**Details of repair**	**Date of completion**	**Operative**	**Notes**

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