
**COUNCIL OF THE ISLES OF SCILLY**

Council Property Repair Form

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| **Property and Tenant Details (HOUSING ONLY)**  |
| Property Reference Number (UPRN) |  | Job Number Assigned |  |
| Consent from tenant to pass on details to contractors: (phone number and details) GDPR.  |  | Reporting Date |  |
| Tenant/ Occupant Name |  |
| Person Reporting the Repair |  | Connection to the Tenant  |  |
| Best Contact Number: (Landline/Mobile)  |  |
| Address Postcode |  |
| **Repair** |
| Location of the Repair  | External | Kitchen  | Bathroom |
| Bedroom | Living Room |  |
| Other: (Please specify)  |
| Details of the problem (Please be as specific as you can)  |  |
| **Availability** |
| **Access:** Please indicate your preferred dates and/or times for a call or for an operative to access your property  |  |
| **Operational Services/Contractor Use ONLY** |
| **Completion Date:** |  |
| **Name (Printed):** |  |
| **Signature:**  |  |
| **Notes/findings:** Please detail the works completed if the works are finished or if additional works are required for housing to review.  |  |