  
**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. |  | | | | |