



## EQUIPMENT FAULT / REPAIR REQUIREMENT SCHEDULE

Date Fault Reported :	
Reported By :	
Reported To :	
Nature Of Fault :	
Was This Reported Before And If So, When?	
Was The Fault Ever Fixed Before?	
Is the Installation/Equipment Under Warranty?	
When Will Service Provider Repair?	
Is There A Need To Caution The Residents?	
Any Other Assistance Required?	
Date Repaired And Invoice Number	

Signed at Thorn Valley Estate on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Service Provider \_\_\_\_\_ Signature: \_\_\_\_\_

(Name In Capitals)

Estate Manager \_\_\_\_\_ Signature: \_\_\_\_\_

(Name In Capitals)

on behalf of the TVEHOA