



SLIGO BOROUGH COUNCIL REPORT FORM



Report Form 07 No. _____ Date: _____ Time: _____

Name: _____

Address: _____

Contact Telephone No: _____ Fax No: _____

Email: _____ House A/C No: _____

Report Details: _____

Date of occurrence: _____ SBC Tenant: _____

Rent: _____ Location: _____

Signature: _____

Time not available: _____

Taken By: _____

NB – One REPORT per SHEET!

- | CATEGORY | |
|-----------------|--------------------------|
| Electrical | <input type="checkbox"/> |
| Front Door | <input type="checkbox"/> |
| Back Door | <input type="checkbox"/> |
| Kitchen Units | <input type="checkbox"/> |
| Masonry | <input type="checkbox"/> |
| Chimney | <input type="checkbox"/> |
| Plumbing | <input type="checkbox"/> |
| Floors | <input type="checkbox"/> |
| Safety | <input type="checkbox"/> |
| Roof | <input type="checkbox"/> |
| Sewer/Drains | <input type="checkbox"/> |
| Windows | <input type="checkbox"/> |
| Gutter | <input type="checkbox"/> |
| Plastering | <input type="checkbox"/> |
| Carpentry | <input type="checkbox"/> |
| Range | <input type="checkbox"/> |
| Fireplace | <input type="checkbox"/> |
| Pest Control | <input type="checkbox"/> |
| Water | <input type="checkbox"/> |
| Sewerage | <input type="checkbox"/> |
| Roads | <input type="checkbox"/> |
| Painting | <input type="checkbox"/> |
| Environmental | <input type="checkbox"/> |
| Public Lighting | <input type="checkbox"/> |
| Misc | <input type="checkbox"/> |

*****For Office Use Only*****

RFW	ENQUIRY	COMPLAINT
Emergency	Urgent	Routine
Tick above as relevant.		

Gerald Cannon Michael Carty Micheal Condren Declan Noone Fiona Kelly Martin McCrann Other	Action
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Inspection Date: _____ Programmed Repair Date: _____

Electrician / Contractor: Yes/No _____ Order No: _____ Faxed: _____

Cost of Repair / Work carried out: _____

Date Completed: _____

I the tenant am satisfied with the work carried out _____

Dated: _____