

# MINISTRY OF PUBLIC WORKS

## Form 27B/6

Authorization for Repairs of Domestic Living Quarters by Licensed Repair Technicians

Issuing officer Name:.....

Issuing officer ID Number:.....

Fill this form out in triplicate. One form is to be kept by Issuing Officer, Primary Technician, and Primary Resident.

### Location of Repair Site

Room of house in which repair will be performed:.....

Residence Number:.....

Building Number:.....

Street Name:.....

District Number:.....

City Name:.....

Region Code:.....

Country Name:.....

Zone Information Number:.....

Primary Resident:.....

Primary Resident ID Number:.....

Other Residents:.....

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Attach form 31N/6 for any relevant medical conditions of residents.

### Repair Details

#### Repair Technicians

(please attach form 27H/44 for each technician)

#### Head Technician

Name:.....

License Number:.....

#### Secondary Technician (if any)

Name:.....

License Number:.....

#### Tertiary Technician (if any)

Name:.....

License Number:.....

Attach form 27L/97 if more than 3 technicians are to be dispatched.

### Equipment to be repaired

Name	Value (broken)	Value (fixed)
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