## **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 Issuin	g Officer, Primary	y Technician, and Pr	imary Resident.
Location of Repair Site	Equipment to be repaired		
Room of house in which repair will be	 Name	Value	
performed:		(broken)	(fixed)
Residence Number:	••••	` ,	•••••
Building Number:	••••	•••••	•••••
Street Name:	••••		•••••
District Number:	••••		•••••
City Name:	Total value of repair:		
Region Code:	Equipment to be used in repair:		
Country Name:	ID Code		Value
Zone Information Number:			•••••
Primary Resident:			
Primary Resident ID Number:			
Other Residents:			
	Equipment to be consumed in repair:		
	ID Code		•
Attach form 31N/6 for any relevant medical conditions of			
residents.			
D			
Repair Details			
Repair Technicians	Attach form 27Q/81 if more equipment is to be repaired		
(please attach form 27H/44 for each technician)	or used in repair.		
Head Technician	Total cost of repair:		
Name:	Net change in Ministry asset valuation:		
License Number:	Amount of repair cost to be paid by primary resident:		
C			
Secondary Technician (if any)	Issuing Officer Signature:		
Name:			
License Number:	•••••		•••••
<b>-</b> . <b>-</b>	Primary Technician Signature:		
Tertiary Technician (if any)			
Name:	•••••		
License Number:	Primary Res	sident Signature	2:
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Attach form 27L/97 if more than 3 technicians are to be dispatched.	•••••	•••••	•••••