Resident’s Feedback Form

Date _________________________
To Officer-In-Charge
Building Service Centre (BSC) / __________________ Branch**

Resident’s Feedback Form

BLOCK ____________________________ # ______ - ______

I wish to report the following items(s) for rectification work to be done:

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<tr>
<th>S/NO</th>
<th>Description of Item(s)</th>
<th>Location</th>
<th>Recurrent Case? (Y/N)</th>
<th>Remarks</th>
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* If you require more space, please use the attachment in Annex A.

☐ Please indicate with a (✓) if attached Resident’s Feedback Form (Annex A) is used.

Please Tick One:

☐ Before Renovation ☐ During/ After Renovation

Flat Owner is advised to lock up the flat with a padlock/ number lock

☐ Padlock ☐ Number Lock

☐ Keys handed over on ________________

Please update me when the rectification work is completed. Thank you.

(Mr/Ms/Dr) __________________________
Name and Signature of Flat Owner

Contact Number: ________________________
E-mail Address: ________________________

Note:
Please report item(s) for rectification, if any, within 7 days upon receipt of the keys or before the start of any renovation works in the flat, whichever is earlier.

**The Resident’s feedback form should only be submitted to the Building Services Centre (BSC) and not to the HDB Branch while the BSC is still in operation.
Resident’s Feedback Form

For BSC Internal Use

Handed over with key(s) by:

Consultant Site Supervisor
Customer Relations Officer (CRO)

Signature
Signature

Date
Date

Completion of Rectification Work

I, __________________________ hereby acknowledge that the reported item(s) in my flat had been rectified.

(Mr/ Ms/ Dr) __________________________ __________________________
Name and Signature of Flat Owner Name and Signature of Officer-In-Charge

Date
Date
Resident's Feedback Form

Completion of Rectification Work

I, __________________________ hereby acknowledge that the reported item(s) in my flat had been rectified.

(Mr/ Ms/ Dr)
Name and Signature of Flat Owner

Name and Signature of Officer-In-Charge

Date

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