



RESIDENT MAINTENANCE/REPAIR REQUEST

Date: _____

Unit Address: _____

Resident's Name: _____

Phone (Home): _____

Hours: _____

Phone (Cell) : _____

Hours: _____

The number provided must be a number we can reach you between the hours of 9:00 A.M. and 5:00 P.M. Monday through Friday. If this number is available part of the time, please indicate the hours you will be at that number.

Please mark one of the following and provide the appropriate information.

Do you have a pet? YES or NO If YES, where is the pet kept? Inside or Outside

Do you have an alarm? YES or NO

Do we have permission to access the property? YES or NO

Appropriate time to enter resident's premises: _____

Work Requested: _____

I understand the above and acknowledge that if the repair is found to be of Tenant responsibility or cause that I will be invoiced for the part of all of the incurred charges.

Resident

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For Management Use

Completed: _____

Time Spent: _____ Called In: _____ Date & Time Completed: _____

Unable to complete on _____ because _____

Invoice # _____ Amount: \$ _____

Contractor

Owner/Agent

Date & Time

