



MAINTENANCE & REPAIR REQUEST

PART A: TO BE COMPLETED BY TENANT

DATE _____

RESIDENT'S NAME _____ **PHONE NUMBER** _____

ADDRESS _____ **APT#** _____

TYPE OF MAINTENANCE OR REPAIR NEEDED

Heating	<input type="checkbox"/>	Electric	<input type="checkbox"/>	Door/Window	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	Appliance	<input type="checkbox"/>	Other	<input type="checkbox"/>

DESCRIBE EXACT NATURE OF PROBLEM AND CAUSE (IF KNOWN)

Please be as specific as possible.

Your signature below constitutes authorization to enter the unit for the requested repairs or assessment of repair needs within the next ten calendar days. Any specific time requests please note here _____

Signature of Tenant

Date:

PART B: For Resident Manager and Maintenance Personnel

Date Submitted _____ **Written** **Verbal**

Date Assigned _____

DATE _____ **START TIME** _____ **END TIME** _____

ACTION TAKEN _____
