

MAINTENANCE REQUEST



DATE: _____

NAME: _____

PROPERTY ADDRESS: _____

PHONE NO: CELL _____ HOME _____ WORK _____

WORK REQUESTED

(NOTE IF A DISHWASHER, WASHING MACHINE OR DRIER, MODEL NUMBER & BRAND NAME NEEDED)

WHAT IS MALFUNCTIONING: _____

MODEL NO. AND BRAND NAME: _____

HOW LONG HAS THIS ITEM BEEN MALFUNCTIONING: _____

HAS THIS PROBLEM OCCURRED OR BEEN REPORTED PREVIOUSLY? _____

WHAT FLOOR AND ROOM IS THE PROBLEM IN? _____

WHAT SELF-HELP REMEDIES HAVE YOUR TRIED? _____

ANY OTHER PERTINENT INFORMATION? _____

DOES THE VENDOR HAVE YOUR PERMISSION TO ENTER WHEN YOU ARE NOT HOME _____

DO YOU HAVE AN ALARM SYSTEM? _____ DO YOU HAVE A PET? _____

COMMENTS _____

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OFFICE USE ONLY

VENDOR ASSIGNED: _____

DATE & TIME: _____ ACTION TAKEN: _____