



MAINTENANCE REQUEST FORM

Apt. Complex: _____

Date: _____

Tenant Name: _____

Bldg/Apt #: _____

Tenant Phone #: _____

If not home is it *OK TO ENTER APT.?*: YES NO

Pet in Apt.?: YES NO

If you are not regularly at home, indicate a date & time that you will be at home during working hours: _____

DESCRIBE MAINTENANCE NEEDED: _____

WORK COMPLETED BY CARETAKER: _____

When job is completed, tenant *MUST* sign and date form. Return form with timesheet to the office.

Tenant Signature: _____ Caretaker Signature: _____

Date: _____

Date: _____

Site file-white copy / Main office-pink copy / Tenant copy-yellow copy Maintenance Sup. Signature: _____