

MAINTENANCE REQUEST

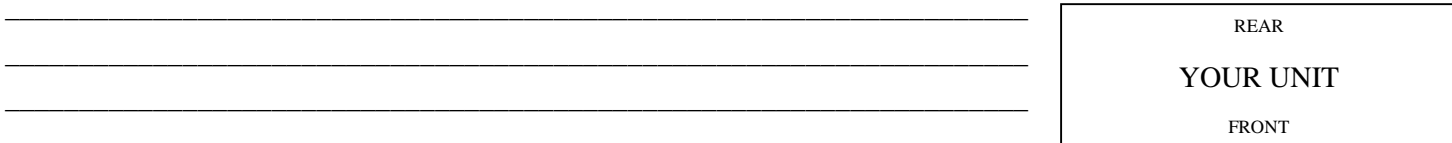
-TO BE COMPLETED BY RESIDENT REQUESTING MAINTENANCE-

Property: _____ Date of Request: _____

Work Requested By: _____ Phone No. _____ Best Time To Reach You: _____
(8:30 a.m. to 4:00 p.m.)

Unit Address: _____ -Work Location -
 Front Rear Side Other _____

Work Requested: _____ - Graphic Location -
 (Place "x" Showing Approximate Location of Work Area)



Are Maintenance Personnel Authorized To Enter Your Unit?
 Anytime Occupant Must Be Present Keys on File

How Do We Gain Access? _____

Special Considerations, Comments or information (Such as Pets): _____

-- TO BE COMPLETED BY MAINTENANCE SUPERVISOR --

Date Received: _____ Received By: _____ Date Scheduled: _____ Assigned To: _____

PRIORITY: URGENT HIGH AVERAGE LOW

Worker	Date	Time In	Time Out	Total Time

Major Materials Used:	Quantity	Work Performed:

Cause of Problem: _____

Is This Repair:	Permanent	Temporary	Is this Repair:	Complete	Incomplete
Should Owner Be Billed For Repair?			Yes	No	Amount: _____

Other Comments: _____

Supervisor's Signature _____ Date _____