



MAINTENANCE REQUEST

Property Name: _____ Resident Name: _____

Address or Unit #: _____ O.K. to enter if away? Yes _____ No _____

Date of Request: _____ Time of Request: _____

Time when Resident would be available for work to be completed: _____

=====

Work Requested: _____

Specific Work Done: _____

Cause of Problem: _____

WHILE YOU WERE AWAY

Management entered your apartment on the above date for the following reason:

Maintenance Apartment Inspection Emergency Other _____

SMOKE DETECTORS: Replaced / Repaired (circle one) Date: _____

Working Battery removed by Resident Battery Replaced Date: _____

Date & Time Started: _____ Date & Time Finished: _____

Signature of Resident upon completion of work: _____
(if Resident is available)

Signature of person doing work: _____

White: Apartment File
Yellow: Resident upon completion of work

