



MAINTENANCE REQUEST

DATE: _____

NAME: _____

PROPERTY ADDRESS: _____

PHONE #: CELL _____ HOME _____ WORK _____

WORK REQUESTED

(PLEASE ANSWER ALL QUESTIONS BELOW)

WHAT IS MALFUNCTION?: _____

MODEL # 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 YOU 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 ANY PETS? _____

COMMENTS: _____

OFFICE USE ONLY

VENDOR ASSIGNED: _____

DATE & TIME: _____ ACTION TAKEN: _____