Maintenance Order

Comments

Do you grant permission to the housekeeping and helpers Student Campus Melaten to enter your apartment? * YES Date * NO **Select Type of Maintenance** T. Day Month Year **Building Maintenance Electrical Maintenance** (e.g. light bulbs, fire alarms, door lock (e.g. sockets, circuits, fuse Board) system, drainage, ceilings and floors for water leakage or damage, air filters) **Resident Name** First Name Last Name **Preventive Maintenance** Aesthetic maintenance (e.g. mildew, insects, water damage, accidental damage.) (e.g. cleaning, painting, coating, rust) Address Apartment Number **Furniture maintenance** (e.g. missing items, defects) **Email** Select Priority of Maintenance * example@example.com **ASAP Emergency** (e.g. Loss of power to all circuits, major loss of heating, broken windows or doors that cannot be secured, (e.g. Loss of electrical power affecting a limited area, improper lighting, heating or cooling malfunctions, potential safety or Phone Number * continuous water leakage.) Country code Mobile number Significant Routine First-In-First Out (e.g. floor or ceiling repairs, general (e.g. broken interior items, minor issues to be completed within days.) complains, adjustments.) **Maintenance Work description**