

SUNSET APARTMENTS

SUNSET APARTMENTS MAINTENANCE REQUEST FORM

Resident Name: _____

Unit Number: _____

Contact Number: _____

Email Address: _____

Issue Type (Check one):

☐ Plumbing

☐ Electrical

☐ Heating/Cooling

☐ Appliance Repair

☐ Other: _____

Description of the Issue:

Preferred Service Time:

☐ Morning (9 AM - 12 PM)

☐ Afternoon (12 PM - 5 PM)

☐ Anytime Available

Resident Signature: _____

Date: _____