## MAINTENANCE/COMPLAINTS FORM

Date :	Serial No. :
Occupant :	Unit No. :
Owner/Tenant :	Tel No. :
Request/Complaint	
- 1	
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<u> </u>	
Appointment to attend the above work:	(Date/Time) I understand that I shall bear the
cost for labour charges and materials incurred in carr	rying out the above request or rectifying the above complaint - if applicable.
	Email your complaint to :
Signature of Occupant	www.meganambasymc.com
ACTIO	N BY SUPERVISOR
ACIIO	N DT SUPERVISOR
Work started on	Completed on :
	Checked by :
_	Officered by .
SOD DOTTE .	
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	•
Material(s) used : RM	To charge : RM
ACKNOWLE	DGEMENT BY OCCUPANT
HORNOWEL	

Signature : \_\_\_\_\_

I confirm that the job as completed.