

RESIDENT'S MAINTENANCE OR REPAIR REQUEST

DATE of REQUEST	:	, 20		
ADDRESS:				
(Apt. No).) (S	treet Address)		
RESIDENT'S NAME	:			
TELEPHONE:		ALT. TEI	LEPHONE:	
E-MAIL:				
PROBLEM:				
COMMENTS:				
l hereby authorize en absence, unless state		to perform the mainte		-
(Tenant Signature)			Date:	
	<u>FOF</u>	R MANAGEMENT	USE ONLY	
WORK DONE:				
TIME SPENT:	Hours	DATE COMPLETED	:	20
UNABLE TO COMP	LETE ON	, 20	because:	
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