



# TENANT REPAIR REQUEST FORM

## 1 PROPERTY INFORMATION.

Tenant Full Name: \_\_\_\_\_ ,  
Property Address: \_\_\_\_\_ , Unit Number (if applicable): \_\_\_\_\_  
Phone Number: \_\_\_\_\_ , Email Address: \_\_\_\_\_

## 2 REPAIR DETAILS.

Date Issue Was First Noticed: \_\_\_\_\_ ,  
Location of Issue (check one):  
Main Bathroom \_\_\_\_\_ , Main Bedroom \_\_\_\_\_ , Guest Bathroom \_\_\_\_\_ , Guest Bedroom \_\_\_\_\_ , Kitchen \_\_\_\_\_ ,  
Living Area \_\_\_\_\_ , Exterior \_\_\_\_\_ , Utility Area \_\_\_\_\_ , Balcony \_\_\_\_\_ ,

## 3 DESCRIPTION OF THE PROBLEM:

Please be as specific as possible:

This document has legal consequences.  
If you do not understand it, consult your attorney.  
The text of this form may not be altered in any  
manner without written acknowledgment of all parties.

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#### 4 ACCESS PERMISSION.

Do you authorize property management and/or workers to enter the unit to perform repairs if you are not present? Yes , No — appointment required

Preferred repair time:

Morning , Afternoon , Flexible

#### 5 URGENCY LEVEL.

Routine — can be scheduled

Urgent — affects daily living

Emergency — immediate safety risk (CALL 911 IMMEDIATELY)

#### 6 SAFETY & RESPONSIBILITY CHECK.

Please choose all that applies:

A) The issue was not caused by tenant misuse or neglect.

B) Pets will be secured during service.

C) Area will be accessible for repair.

#### 7 ACKNOWLEDGE & SIGNATURE.

Full Name:

Signature:

Date:

#### 8 OFFICE USE ONLY.

Request Received Date:

Assigned To:

Scheduled Date:

Complete Date:

Notes: