

MAINTENANCE REQUEST



NAME:

DATE:

CELL/TEXT:

ADDRESS/APT #:

EMERGENCY? ☐ YES** ☐ NO

**IF YES, MUST ALSO CALL/TEXT YOUR
PROPERTY MANAGER

*Non-emergency maintenance will be performed during normal business hours,
Monday - Friday 9am-5pm.*

CATEGORY:

- | | |
|--|---|
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> DOORS/WINDOW |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> KEYS/LOCKOUT/FOB |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> PEST CONTROL |
| <input type="checkbox"/> APPLIANCES | <input type="checkbox"/> SMOKE ALARM |
| <input type="checkbox"/> CEILING FAN | <input type="checkbox"/> LAUNDRY |
| <input type="checkbox"/> OTHER (please explain): | |

PERMISSION FOR LANDLORD TO ENTER: ☐ YES ☐ NO**

**IF NO, SUGGESTED TIME & DATE: _____

SIGNATURE:

DATE:

FOR OFFICE USE ONLY
