



Fill out all highlighted sections

RESIDENT MAINTENANCE REQUEST

Property Name: _____ Property # _____ Manager(s): Susie Herrera

Resident Name: _____ Date: _____ Unit: _____ Phone: _____

OK TO ENTER IF NOT AT HOME: _____ YES _____ NO

Room: LIVING ROOM, DINING, KITCHEN, HALLWAY, 1ST BEDROOM, 2ND BEDROOM, 3RD BEDROOM, BONUS ROOM, HALF BATHROOM, 1ST BATHROOM, 2ND BATHROOM, PATIO/BALCONY, ROOF, PEST CONTROL, HEATING, AIR CONDITIONING, BACK/FRONT YARD GARAGE, OTHER _____ (check all that apply)

Electrical: OUTLET, SWITCH, LIGHT FIXTURE, OTHER _____ (check all that apply)

Plumbing: FIXTURES, FAUCET, KNOB, SINK, TOILET, TUB, SHOWER, TUB ENCLOSURE, WATER HEATER, OTHER _____ (check all that apply)

Appliances: STOVE, DISHWASHER, MICROWAVE, REFRIGERATOR, GARBAGE DISPOSAL, HOOD VENT OVER STOVE, SMOKE DETECTOR, CARBON MONOXIDE DETECTOR, BATHROOM FAN, SCREENS, OTHER _____ (check all that apply)

Woodwork: CABINETS, DRAWERS, DOORS, OTHER _____ (check all that apply)

Floors: CARPET, VINYL, OTHER _____ (check all that apply)

Resident explanation _____

Resident signature: _____

Request for appointment (*\$45/hour charge for all appointments, weekdays only): Date _____ Time _____

Date:	Manager Inspection Comments:
Manager Print/Sign/:	Maintenance Print/Sign/:
Date completed:	Completed by signature:

PROPERTY INCIDENT REPORT

UNIT: _____ RESIDENT (PRINT NAME AND SIGN NAME): _____

MANAGER (PRINT NAME AND SIGN NAME): _____ DATE: _____

OFFICE USE ONLY

DETAILS:

MAINTENANCE (PRINT NAME AND SIGN NAME): _____