

MAINTENANCE AND REPAIR REQUEST

Address: _____ Unit No. _____

City: _____ CA, Zip: _____

Resident's Name: _____

Phone (Home): _____ Phone (Work): _____

Request: _____

Comments (including best time to make repairs): _____

I authorize entry into my unit to perform the maintenance or repair requested above, in my absence, unless stated otherwise above.

Resident Signature

Date

FOR MANAGEMENT USE ONLY

Date Received: _____ Received by: _____

Data work ordered: _____ Vendor: _____

Work Done: _____

Date completed: _____

Unable to complete because: _____

Comments: _____

Owner/Agent Signature

Date



Your use of any of these forms constitutes your representation that you have counseled with your personal attorney before using the form, and in using the form you are relying on your attorney's counsel and your own investigation, and not on any express or implied representation by SBRPA or any of its officers, directors, employees, or representatives.

Form MISC-002
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