Your Company Logo

Your Company Name
123 Company Lane New York, NY 12345
Tel. (123) 456-7890 Fax. (123) 456-7890

TENANT SERVICE REQUEST

NO.: _____

DATE: _____

Resident Staff

RESIDENT'S NAME _____ BUILDING _____

PHONE NO. (Home): _____ (Work): _____ APT. NO. _____

WORK REQUEST: _____

AUTHORIZATION TO ENTER IN OCCUPANTS ABSENCE ☐ **Yes** ☐ **No** INITIALS: _____

DATE REQUESTED: _____
we will accommodate if possible

DATE RECEIVED: _____ TIME _____ EMERGENCY: ☐ Yes ☐ No

SIGNATURE: _____

Maintenance Desk

DATE REPAIRED: _____ TIME _____ REC'D BY: _____

ACTION TAKEN: ASSIGNED TO STAFF ☐ OUTSIDE CONTRACTOR ☐

TENANT NOTIFIED OF STATUS: ☐ Yes ☐ No

TENANT NOTIFIED OF APPOINTMENT: ☐ Yes ☐ No

WORK REQUESTED: _____

PARTS GIVEN: _____

PRIORITY *(CIRCLE)* A B C PM

A - URGENT
B - ROUTINE
C - LOW
PM - PREVENTIVE MAINTENANCE

ACTION TAKEN

Work completed ☐ Repaired temporarily ☐ Parts on order ☐ Outside contractor called ☐

DATE _____ TIME IN _____ TIME OUT _____ SERVICE PERSON _____

WORK DONE: _____

Maintenance

QUANTITY	MATERIALS & PARTS USED	UNIT PRICE	AMOUNT

TIME CHARGE _____ HR $ _____ PER HR TOTAL $ _____

CHARGEABLE TO: RESIDENT ☐ **MANAGEMENT** ☐ **AMOUNT $** _____

SIGNATURE: _____

THANK YOU! IT'S A PLEASURE TO BE OF SERVICE

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