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Maintenance/ Request

“Must be signed by the tenant to be honored”

Property Access Information:

- Appointment required
- Release key to vendor
- Security system disabled

Property Address: _____

Tenant's name _____

Tenant's contact information: work, _____ cell, _____ home _____

Description of problem

- | | |
|---|-----------------------|
| <input type="checkbox"/> HVAC | Make _____ |
| <input type="checkbox"/> Locks | Model _____ |
| <input type="checkbox"/> Pest Control | Serial # _____ |
| <input type="checkbox"/> Plumbing | |
| <input type="checkbox"/> Pool | |
| <input type="checkbox"/> Roof/Gutter | |
| | |
| <input type="checkbox"/> Appliance | Make _____ |
| <input type="checkbox"/> Carpet | Model _____ |
| <input type="checkbox"/> Chimney | Serial# _____ |
| <input type="checkbox"/> Electrical | |
| <input type="checkbox"/> Door (s) | |
| <input type="checkbox"/> Garage door | |
| <input type="checkbox"/> Garage door Opener | |
| | |
| <input type="checkbox"/> Security/fire | Make _____ |
| <input type="checkbox"/> Septic system | Model _____ |
| <input type="checkbox"/> Sprinkler system | Serial # _____ |
| <input type="checkbox"/> Window (S) | |
| <input type="checkbox"/> Other: | |

(If there are any pets on the premises, please secure.)

Please Read & Sign:

I/we authorize the release of my/our contact information & premise key for the purpose of allowing an authorized maintenance person to service this request during the hours of 8:00 am thru 5:00 pm Monday thru Friday.

Per the terms of my/our lease, I /we agree that any repair performed resulting from tenant negligence, abuse or neglect that no repair is required resulting from the service call, Tenant hereby agrees to pay invoice within 15 days.

If an appointment is scheduled, Tenant agrees that the vendor will be entitled to a \$45.00 trip charge for an appointment where Tenant does not meet vendor at specified time or re-schedules an appointment with less than 24 hr notice. Tenant hereby agrees to pay trip charge within 15 days.

Tenant signature: _____

Date: _____