

Maintenance Request

Resident Name _____

for the premises located at: _____
(Address)

Unit _____, (if applicable) _____, California _____
(City) (Zip)

The following items need to be repaired:

Cause of damage: _____

- Management or Vendor is authorized to enter if Resident is not home.
- Management or Vendor is not authorized to enter if Resident is not home. You may contact me at the following phone number to schedule a time _____.

Resident

Date

Time

----- For Office Use Only -----

To be completed by: Management Vendor Date _____

Work completed by: _____ Date _____