



TENANT MAINTENANCE REQUEST FORM

PHONE# 954-303-8289

E-FAX# 954-423-0827

Today's Date: _____

Property Information

Rental Address _____

City: _____ Condominium/ Association: _____

Tenant's name: _____

Home Phone#: _____ Best time to call: _____

Work Phone#: _____ Best time to call: _____

PLEASE DESCRIBE YOUR WORK REQUEST (BE SPECIFIC):

HAVE YOU REPORT THIS PROBLEM BEFORE? WHEN? _____

FOR OFFICE USE ONLY

Date Received _____

Repair Denied () yes () no

Repair Approved () yes () no

Reason _____

() Repair is cosmetic and not the responsibility of the owner

Work order# and Date _____

Service provided by _____