

This document has legal consequences.  
If you do not understand it, consult your attorney.  
The text of this form may not be altered in any  
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# TENANT REPAIR REQUEST FORM

## 1 PROPERTY INFORMATION.

Tenant Full Name: \_\_\_\_\_,  
Property Address: \_\_\_\_\_, Unit Number (if applicable): \_\_\_\_\_  
Phone Number: \_\_\_\_\_, Email Address: \_\_\_\_\_

## 2 REPAIR DETAILS.

Date Issue Was First Noticed: \_\_\_\_\_,  
Location of Issue (check one):  
Main Bathroom \_\_\_\_\_, Main Bedroom \_\_\_\_\_, Guest Bathroom \_\_\_\_\_, Guest Bedroom \_\_\_\_\_, Kitchen \_\_\_\_\_,  
Living Area \_\_\_\_\_, Exterior \_\_\_\_\_, Utility Area \_\_\_\_\_, Balcony \_\_\_\_\_,

## 3 DESCRIPTION OF THE PROBLEM:

Please be as specific as possible:

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14 **4 ACCESS PERMISSION.**

15 Do you authorize property management and/or workers to enter the unit to perform repairs if you are not  
16 present? Yes  , No  — appointment required

17 Preferred repair time:

18 Morning  , Afternoon  , Flexible

19 **5 URGENCY LEVEL.**

20 Routine  — can be scheduled

21 Urgent  — affects daily living

22 Emergency  — immediate safety risk (CALL 911 IMMEDIATELY)

23 **6 SAFETY & RESPONSIBILITY CHECK.**

24 Please choose all that applies:

25 A)  The issue was not caused by tenant misuse or neglect.

26 B)  Pets will be secured during service.

27 C)  Area will be accessible for repair.

28 **7 ACKNOWLEDGE & SIGNATURE.**

29 Full Name:

Signature:

Date:

30

**8 OFFICE USE ONLY.**

Request Received Date: \_\_\_\_\_ , \_\_\_\_\_

Assigned To: \_\_\_\_\_ , \_\_\_\_\_

Scheduled Date: \_\_\_\_\_ , \_\_\_\_\_

31 Complete Date: \_\_\_\_\_ , \_\_\_\_\_

Notes: