



MAINTENANCE REQUEST

17

NAME: _____ DATE: _____
 ADDRESS: _____ UNIT: _____
 CITY: _____ STATE: _____ ZIP: _____
 TELEPHONE: (____) _____

Describe exact nature of problem: _____

This constitutes authorization to enter the unit for the requested repairs. This authorization expires after seven (7) days unless repairs are in progress.

 Resident

 Resident

 **Equal Housing Opportunity**
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