NON-EMERGENCY MAINTENANCE WORK REQUEST

REQUEST DATE:_____/_____/20_____.

BUILDING ADDRESS: _____

Unit # _____ Name: _____ Emergency:

Yes ◯ No ◯

Contact Info Tel/Work: _____ Alarm in Unit: Yes ◯ No ◯

Tel/Home: _____

Tel/Cell: _____ Dog in Unit: Yes ◯ No ◯

PERMISSION TO ENTER: _____

(Residents Signature)

PLEASE NOTE HIGHER PRIORITY WILL BE GIVEN TO UNITS WITH UNRESTRICTED PERMISSION TO ENTER.

OTHER ARRANGEMENTS:_____

Location of Problem [room, fixture, etc.] – Please be Specific:

_____

_____

Service Required or Description of Problem:

_____

_____

_____

OFFICE USE:

Date & Time Started:_____

Date & Time Completed:_____

Work/Supplies Required:_____

Work Complete?: Yes ◯ No ◯ Further Work Required?: Yes ◯ No ◯ (if yes, specify in notes)

Notes:_____

_____

Work Performed By: _____

(Name) (Signature)

- Fax To # 604.216.0880
- Slip into the manager mail slot in lobby
- Email To: your buildings email address (address is posted in lobby)