

NON-EMERGENCY MAINTENANCE WORK REQUEST

REQUEST DATE: _____ / _____ /20____.

BUILDING ADDRESS: _____

Unit # _____	Name: _____	Emergency: _____ Yes / No
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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)