



Tenant Name _____ Taken By _____

(H) Phone (____) _____ (W) Phone (____) _____ Date ____/____/____ Time ____:____ am/pm

Apartment # _____ **Permission to Enter Signature** _____

Work Requested _____

How Requested _____ Phone _____ Staff _____ In Person _____ On Call _____

Type of Work _____ Maintenance _____ Turnover Maintenance _____ Turnover Painting _____ Janitorial _____

SERVICE REQUEST PROGRESS

	Date	Time	
Start Work	____/____/____	____:____	
Completed Work	____/____/____	____:____	_____ Regular Hours _____ OT
Charges to Resident	Labor \$ _____	Materials \$ _____	Total to Bill \$ _____

Work Completed:

Temporary Repair:

_____ parts on order _____ Outside Vendor Requested _____ Will Return to complete _____/____/____

Notes:

Technician's Name _____ Date ____/____/____ Mileage _____