

Peninsula Property Management

A DIVISION OF ASSOCIATES REFERRALS, INC.

TENANT MAINTENANCE REQUEST FORM

TENANT'S NAME _____ DATE: _____

UNIT ADDRESS: _____

TENANT'S HOME PHONE: _____ WORK PHONE _____

AUTHORIZATION IS HEREBY GIVEN TO ENTER IN TENANT'S ABSENCE WITH A KEY

___ YES ___ NO (Tenant to initial one)

DESCRIBE WORK REQUESTED (BE SPECIFIC): PREVIOUSLY REPORTED: ___ YES ___ NO

By requesting this work to be completed, the Tenant acknowledges that if the repair is found to be due to misuse, the resident may be responsible for payment of the repair, per the lease agreement. It is understood and agreed by the tenant that if the tenant fails to meet the scheduled maintenance appointment time, the tenant can be charged a minimum service fee.

Tenant's Signature authorizes entry with above instruction

Date

OFFICE USE ONLY: WALK-IN MAILED FAXED PHONED IN EMAILED

DATE REC'D _____ TENANT MOVE IN DATE _____

WORK AUTHORIZED: BY _____ DATE _____

WORKMAN ASSIGNED: _____ INVOICE # _____

REPAIR DENIED, REASON _____

REPAIR IS COSMETIC AND IS NOT THE RESPONSIBILITY OF THE LANDLORD

OTHER: _____

COPY MAILED TO TENANT DATE MAILED _____