

Resident Name(s)

Address

City

State

Zip

Home Phone

Work Phone

**Service Requested** – describe trouble and special instructions

Check one of the following:

- I authorize the Owner, his Agents and maintenance personnel to enter the rental premises to perform the work identified above.
- I request that I be present during any entry to the rental premises. Please call me to schedule the work. I recognize that this request may delay completion of the repairs.

**ACKNOWLEDGMENT**

Receipt of this notice does not obligate the Owner / Agent to perform a repair which is not required by the Residential Landlord Tenant Act. I also recognize that certain repairs require multiple entries to my rental premises and I agree to cooperate with scheduling these entries.

RESIDENT \_\_\_\_\_ DATE \_\_\_\_\_

RESIDENT \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OWNER / AGENT USE ONLY**

Date Request Received \_\_\_\_\_ if verbal, taken by \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Performed \_\_\_\_\_

Completed by \_\_\_\_\_ Date Completed \_\_\_\_\_ Time Completed \_\_\_\_\_

COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_