

[] Key in Lockbox

Lockbox Code: _____

Key Code: _____

MAINTENANCE WORK ORDER

PR NUMBER	PROPERTY NAME	PROPERTY PHONE #	DATE
RESIDENT NAME(S) (if applicable)		RESIDENT PHONE #	UNIT #
<input type="checkbox"/> Occupied <input type="checkbox"/> Vacant <input type="checkbox"/> Special Accommodation		MOVE-OUT DATE	RE-RENT DATE

IDENTIFY THE PROBLEM. BE SPECIFIC.
 (Example: Toilet leaking from left side of base)

Please complete a separate Work Order Form for each apartment unit.

MANDATORY

Completed Maintenance Repair & Request Form

(Resident's signature authorizes entry into apartment unit for repairs / maintenance)

Date Resident Requested Work

Authorization Expiration Date (7 Days after request is submitted)

WORK ORDERS	<p>ELECTRICAL</p> <input type="checkbox"/> Outlet / Switch <input type="checkbox"/> Interior Light <input type="checkbox"/> Exterior Light <input type="checkbox"/> Ceiling Fan <input type="checkbox"/> Repair <input type="checkbox"/> Replace	<p>PLUMBING</p> <input type="checkbox"/> Sink <input type="checkbox"/> Faucet <input type="checkbox"/> Toilet <input type="checkbox"/> Disposal <input type="checkbox"/> Other _____ <input type="checkbox"/> Repair <input type="checkbox"/> Replace	<p>HEATING <input type="checkbox"/> Electric <input type="checkbox"/> Gas</p> <input type="checkbox"/> Heaters <input type="checkbox"/> Baseboard Length: _____ <input type="checkbox"/> Cadet Wall <input type="checkbox"/> Thermostat <input type="checkbox"/> Mounted on Wall <input type="checkbox"/> Mounted on Heater <input type="checkbox"/> Other _____ <input type="checkbox"/> Repair <input type="checkbox"/> Replace
	<p>DOORS / LOCKS</p> <input type="checkbox"/> Interior Door <input type="checkbox"/> Exterior Door <input type="checkbox"/> Closet Door <input type="checkbox"/> Locks <input type="checkbox"/> Repair <input type="checkbox"/> Replace	<p>SHEETROCK HARD SURFACE</p> <input type="checkbox"/> Tub Kit <input type="checkbox"/> Tile <input type="checkbox"/> Walls / Ceilings <input type="checkbox"/> Cabinetry <input type="checkbox"/> Mirror <input type="checkbox"/> Countertops <input type="checkbox"/> Med Cab <input type="checkbox"/> Window sill <input type="checkbox"/> Repair <input type="checkbox"/> Replace	<p>COMMON AREA</p> <input type="checkbox"/> Fence / Gate (Wood / Metal) <input type="checkbox"/> Parking Lot Surface <input type="checkbox"/> Stairwell <input type="checkbox"/> Pool <input type="checkbox"/> Deck <input type="checkbox"/> Common Area Lighting <input type="checkbox"/> Laundry Room <input type="checkbox"/> Repair <input type="checkbox"/> Replace

CIRCLE
 KIT BA BD DR
 LR ENTRY LAUNDRY

CIRCLE
 KIT BA LAUNDRY

CIRCLE
 KIT BA BD LR DR
 HALL LAUNDRY ENTRY

CIRCLE
 LR KIT BA BDRM DR
 HALL LAUNDRY ENTRY

CIRCLE
 LR KIT BA BDRM DR
 HALL LAUNDRY ENTRY

Describe Location:

INSTALL ONLY

RESIDENT DAMAGES	CHARGE TO RESIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Former Resident <input type="checkbox"/> Current Resident
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SIGN	MANAGER SIGNATURE _____ DATE _____ <small>Signature indicates unit / common area has been inspected and Maintenance Request is valid and necessary.</small>	PROPERTY MANAGER SIGNATURE _____ DATE _____ <small>Property Manager Signature indicates Maintenance Request approval.</small>
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FAX TO MAINTENANCE DEPARTMENT @ 503-555-1212
 Retain original in maintenance file on-site for reference