



## MAINTENANCE/REPAIR REPORTING FORM

Date: \_\_\_\_\_

Tenant: \_\_\_\_\_ Suite #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Do you want to be present for any repairs made? (Choose one) Not necessary Yes, if possible No, just notified before hand

Check all that apply

- |          |            |
|----------|------------|
| Walls    | Doors      |
| Windows  | Electrical |
| Flooring | Other      |

Describe the condition of the above: \_\_\_\_\_

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

**FOR OFFICE USE ONLY**

DATE RECEIVED:

FOLLOW-UP: