

RENTAL REPAIR REQUEST FORM

Tenant's Name: _____

Address: _____ Unit #: _____

Date of request: _____

Is this the first request for this repair? Yes No

- Date(s) of previous request(s): _____

Describe the work that needs to be done:

When would be some ideal time slots for your landlord to complete the repair(s)?

E.g. Monday 9am – noon

1. _____

2. _____

3. _____

Tenant's Phone #: _____

Tenant's Signature: _____