

[] Key in Lockbox

Lockbox Code: _____

Key Code: _____

FLOOR / APPLIANCE 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)

REPLACEMENTS <small>Carpet, Vinyl and Appliance Orders</small>	<p style="text-align: center;">CARPET</p> <input type="checkbox"/> Studio <input type="checkbox"/> 1 bdrm <input type="checkbox"/> 2 bdrm <input type="checkbox"/> 3 bdrm <input type="checkbox"/> Townhouse <input type="checkbox"/> Hallway <input type="checkbox"/> LR <input type="checkbox"/> DR <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Pad <input type="checkbox"/> Pet Seal <input type="checkbox"/> Describe Other <hr/> <hr/> <hr/>	<p style="text-align: center;">VINYL</p> <input type="checkbox"/> Complete (Entire Unit) <input type="checkbox"/> Partial <input type="checkbox"/> Kitchen <input type="checkbox"/> Entry <input type="checkbox"/> Bath <input type="checkbox"/> Patio Door <input type="checkbox"/> DR <input type="checkbox"/> Laundry <input type="checkbox"/> Describe Other <hr/> <hr/> <hr/>	APPLIANCE ORDERS	<p style="text-align: center;">APPLIANCE <input type="checkbox"/> Electric <input type="checkbox"/> Gas</p> <p>Color: _____</p> <input type="checkbox"/> Range <input type="checkbox"/> 20" <input type="checkbox"/> 27" <input type="checkbox"/> 30" <input type="checkbox"/> Free Standing <input type="checkbox"/> Drop-In <input type="checkbox"/> Wall-Oven <input type="checkbox"/> Slide-In <input type="checkbox"/> Cook Top <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <input type="checkbox"/> Refrigerator <input type="checkbox"/> Right Hinge <input type="checkbox"/> Left Hinge <p style="text-align: center;">Space Height _____ Inches</p> </div> <input type="checkbox"/> Range Hood <input type="checkbox"/> No Vent <input type="checkbox"/> Top Vent <input type="checkbox"/> Back Vent <input type="checkbox"/> Micro Hood <input type="checkbox"/> Dishwasher <input type="checkbox"/> Dishwasher Drip Pan <input type="checkbox"/> Washer <input type="checkbox"/> In Unit <input type="checkbox"/> Dryer <input type="checkbox"/> Commercial <p style="text-align: right;">\$ _____</p> <hr style="border: 2px solid black;"/> <p style="text-align: center;"><input type="checkbox"/> INSTALL APPLIANCE</p>
	<p>RESIDENT DAMAGES</p> <p>CHARGE TO RESIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: right;"><input type="checkbox"/> Former Resident <input type="checkbox"/> Current Resident</p>			

SIGN	<p>MANAGER SIGNATURE _____ DATE _____</p> <p><small>Signature indicates unit / common area has been inspected and Maintenance Request is valid and necessary.</small></p>	<p>PROPERTY MANAGER SIGNATURE _____ DATE _____</p> <p><small>Property Manager Signature indicates Maintenance Request approval.</small></p>
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FAX TO MAINTENANCE DEPARTMENT @ 503-555-1212
 Retain original in maintenance file on-site for reference