



TEL: 718-374-5072

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FAX: 718-374-5073

RESIDENT MAINTENANCE REQUEST

RESIDENT NAME: _____

ADDRESS: _____ UNIT: _____

CITY: _____ DATE: _____ TIME: _____

CONTACT TEL: _____ (please provide the best number to reach you and an alternate number)

ALTERNATE TEL: _____

I request, and ___ give ___ don't give my permission for the appropriate maintenance technician to enter my residence to repair the item(s) listed below. Should I not be able to be home during normal business hours and do not grant permission for the technician to enter my home, I understand that the requested repairs might not be able to be completed.

Please describe in detail the items to be repaired.

LOCATION	DESCRIPTION

**Please be sure to be familiar with the terms of your lease, items that are your responsibility (clogged drains, tripped circuit breakers, etc.) will be charged back to the resident. Un-necessary maintenance request, at the sole discretion of the maintenance technician, will also be charged back to the resident

Tenant name

Tenant signature

Date

Upon execution of this request, please return to our office.

****OFFICE USE ONLY****

AGENT ACTION

APPROVED _____ DENIED _____ BACK CHARGED AMOUNT: \$ _____ W/O ISSUED: # _____

Reason/explanation:

