



TEL: 718-374-5072

www.allboroprop.com

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 permission to change the locks to my leased premises.

I understand that, if approved, all work must be performed by a licensed and insured locksmith.

I understand that if work is not performed properly, that the necessary repairs can be deducted from my security deposit.

**I must submit 3 copies of all new keys to Agent within 24 hours of job completion.**

\_\_\_\_\_  
Tenant name

\_\_\_\_\_  
Tenant signature

\_\_\_\_\_  
Date

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

Mail: PO Box #244  
Brooklyn, N.Y. 11218

Fax: (718) 374-5073

Email: info@allboroprop.com

### **AGENT ACTION**

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ DATE: \_\_\_\_\_