



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, 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.

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

Fax: (718) 374-5073

Email: info@allboroprop.com

**AGENT ACTION**

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ BACK CHARGED \_\_\_\_\_ DATE: \_\_\_\_\_ W/O  
ISSUED: # \_\_\_\_\_