



MAINTENANCE WORK ORDER REQUEST

This is a REQUIRED FORM so that we can understand and determine your maintenance needs/request.

Priority:

Standard Request

Preventative Maintenance Request

EMERGENCY REQUEST

Date:

Unit Entry: Anytime (permission to enter) By Appointment - contact #:

Property:

Unit #:

Requestor
Name:

Location: if a common area, check this box ->

Kitchen

Living Room

Master Bedroom

Other Bedroom

Closet

Dining Room

Entry/Hallway

Main Bathroom

Other Bathroom

Other

Item:

Appliances

Bathtub

Blinds

Cabinet

Cable Outlet

Ceiling

Ceiling Fan

Countertop

Disposal

Door Hardware

Doorbell

Electrical Outlet

Faucet Fixtures

Floor

Radiator/Heater

Light Fixture

Mirror

Peep Hole

Phone Outlet

Plumbing

Sink

Smoke Detector

Switches

Thermostat

Tissue Holder

Toilet

Towel Rack

Ventilation

Wall

Window

If Other, please describe: _____

Appliances: if not applicable, check this box ->

Freezer

Microwave

Oven

Washer

Dishwasher

Refrigerator

Stove

Stove Burner

Dryer

Other (see below)

Problem:

Not Working

Damaged

Cracked

Loose

Smells

Clogged

Leaking

Hot

Cold

Other (see below)

For all selections marked 'other,' please list additional details here:

Signature below acknowledges all work has been completed; if requestor is unavailable, check this box →

Resident/Requestor

Date

Management/Maintenance

Date

This section to be completed by TNDC Management Staff only:

Unit Entry Date:

Start Time:

End Time:

Employee Name:

Misc./Parts \$:

