



Maintenance Request

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****PLEASE COMPLETE THE FORM BELOW AND FAX IT TO THE MAIN OFFICE****

APARTMENT ADDRESS	TENANT NAME	DATE & TIME
TYPE OF MAINTENANCE REQUESTED		
LIGHTING <input type="checkbox"/>	<input type="checkbox"/> Broken light fixture <input type="checkbox"/> Replace light switch Other _____	
HEATING/AC <input type="checkbox"/>	<input type="checkbox"/> No Heat <input type="checkbox"/> AC Not Cooling <input type="checkbox"/> Change Filter <input type="checkbox"/> Other	
PLUMBING <input type="checkbox"/>	<input type="checkbox"/> Toilet Stopped up <input type="checkbox"/> Sink Stopped Up <input type="checkbox"/> Toilet Running <input type="checkbox"/> Faucet Leaking <input type="checkbox"/> No water <input type="checkbox"/> No Hot Water <input type="checkbox"/> Other	
OTHER <input type="checkbox"/>	COMMENTS: _____ _____ _____	
Do maintenance technicians have permission to enter if you are not home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CONTACT NUMBER	TENANT SIGNATURE	
TO BE COMPLETED BY THE MAIN OFFICE		
ASSIGNED TO:	TIME RECEIVED:	DATE RECIEVED:
TIME STARTED:	TIME FINISHED:	DATE FINISHED:
SIGNATURE FOR COMPLETION:		
NOTES:		