

Resident Maintenance/Repair Request Form

Date _____

Address: _____ Apt.# _____

Resident's Name _____

Phone (Home) _____ Cell Phone _____

Problem _____

Best Day(s) and Time(s) to Make Repairs:

I authorize entry into my premises to perform the maintenance or repair requested above, in my absence, unless stated otherwise above.

_____ Please mail to: **Rockworth Properties LLC.**
Resident Signature **17195 Silver Parkway, Suite 197**
Fenton, MI 48430

_____ **Resident Signature of satisfaction of completion**

***** For Management Use Only*****

Work Done: _____

Time Spent: _____ hours Was it resident damage? _____

Date Completed: _____ Done By _____

Cost of repairs _____ Amount charged to Tenant _____

Notes/Comments: _____

Manager

Date