



DATE _____ PROPERTY NAME / NUMBER Savoy Apartments 532

RESIDENT NAME(S) _____

UNIT NUMBER _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

BEST WAY TO CONTACT ME: PHONE _____ TIMES: _____ TO _____

EMAIL _____

ENTRY CONCERNS: **MINORS** YES NO **PETS** YES NO IF YES, NUMBER & TYPE _____

OTHER ENTRY CONCERNS _____

TYPE OF MAINTENANCE OR REPAIR NEEDED:

Heating Appliance Doors / Windows Plumbing Electric Other _____

Exact nature of problem and cause (if known). **Be SPECIFIC!**

Resident agrees that this written request authorizes Owner/Agent to enter the Premises without notice at reasonable times to perform the repairs/maintenance. This authorization expires after seven (7) days unless the repairs/maintenance are in progress and Owner/Agent is making reasonable effort to complete the repairs/maintenance, in which event Resident authorizes entry at reasonable times in excess of seven (7) days until such repairs/maintenance are completed.

By signing this request, Resident also agrees that Owner/Agent's staff may conduct a preventative maintenance inspection while in the unit and, to the extent practical, do any necessary repairs. If it is not practical to perform the repairs in conjunction with the repairs requested by Resident under this Maintenance & Repair Request, a new notice of entry will be given for the new repair work.

RESIDENT X _____ DATE _____

OWNER/AGENT'S RESPONSE:

The repairs/maintenance requested above were performed on: _____ by: _____

The following work was completed:

Smoke Alarm(s) checked Date _____ Carbon Monoxide Alarm(s) checked (if applicable) Date _____

OWNER/AGENT X _____ DATE _____