



NON- EMERGENCY MAINTENANCE/REPAIR REQUEST FORM

All maintenance/repair must be in writing and delivered to the landlord's PO BOX or dropped off at the office @ 15413 1st Ave Ct S Unit C 100, Tacoma, WA 98444.

Date: _____	Time: _____
Name: _____	Owner: _____
Address: _____	
Contact Info: 1) _____	2) _____

Detailed list of Problem (s) : _____

I give permission to the landlord or its subcontractors to enter my unit and make the necessary repairs if I am not presents.

Tenant Signature

Date

Tenant Signature

Date

FOR OFFICE USE

Company sent out: _____
Assigned too: _____
Contact Info: _____
Estimated appointment time: _____
Estimated time of completion: _____

Date completed: _____
Cost of repair: _____
Second appointment necessary: _____
If Yes when: _____
Notes: _____