

REPAIR REQUEST

Office Use Only

W.O.#: _____

CODE: _____

DATE: _____

TENANT / REQUESTOR NAME: _____

PROPERTY ADDRESS: _____ APT. NO. _____

TELEPHONE: (WORK) _____ (HOME) _____

_____ I wish to be home when the repairs are made. Please call me.

_____ I give my permission for the Maintenance Manager or other Jamison Management Co. representative to enter my apartment to complete the necessary repairs while I'm out.

REPAIR REQUESTS:

A. _____

B. _____

C. _____

D. _____

LEAVE WITH MANAGER OR FAX TO (310)798-9164

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MANAGER'S AUTHORIZATION

By signing below, I acknowledge that I have reviewed the maintenance issue and authorize work to be performed at the property noted above:

Manager Signature: _____ **DATE:** _____