

MAINTENANCE REQUEST

NAME:

ADDRESS:

TODAYS DATE:

PHONE NUMBER WHERE WE CAN CONTACT YOU:

IF YOU ARE NOT HOME

DO WE HAVE PERMISSION TO ENTER: YES NO

SIGNATURE OF RESIDENT:

THIS FORM CAN BE FILLED OUT AND RETURNED BY:

EMAIL: terapinmc@alexmacproperties.com

FAX: 503 665 4048

MAIL: 21935 NE Halsey Street Suite 1100 Fairview, OR 97024

IF THIS IS AN EMERGENCY PLEASE CALL 503 665 4048 TO REPORT IMMEDIATELY. THANK YOU

COMPLETE DESCRIPTION OF PROBLEM: