

RESIDENT'S SERVICE REQUEST (Long Form)

1. Resident's Name: _____ Time: _____ Date: _____,
Telephone (home): _____ Work or message: _____
Address/unit _____, CA

2. Service Requested: (Describe trouble and special instructions)

3. Authorization: Owner/Agent/Service person(s) are authorized to enter unit if Resident(s) is not home unless instructions have been given above to the contrary.

Signature of Resident(s) If verbal, taken by: _____

4. Instructions to Service Personnel:

5. Report of Action Taken Upon completion, describe problem, work done and materials used:

Time spent completing service request: _____ Date completed: _____

We are unable to repair the problem because:

Estimated date of completion: _____

6. Charge cost to resident: Yes No

Reason to charge: _____ Amount: \$ _____

7. Resident(s) certifies that service request is correct except as follows:

Date

Owner/Agent

