MAINTENANCE
WORK ORDER REQUEST

Priority:

☑ Standard Request ☐ Preventative Maintenance Request ☐ ***EMERGENCY*** REQUEST

Date:	Unit Entry: ☐ Anytime (**permission to enter**) ☐ By Appointment - contact #:	
Property: Civic Center Residence	Unit #:	Requestor Name:

Location: *if a common area, check this box ->* ☐

☐ Kitchen	☑ Living Room	☐ Master Bedroom	☐ Other Bedroom	☐ Closet
☐ Dining Room	☐ Entry/Hallway	☐ Main Bathroom	☐ Other Bathroom	☐ Other

Item:

☐ Appliances	☐ Bathtub	☐ Blinds	☐ Cabinet	☐ Cable Outlet
☐ Ceiling	☐ Ceiling Fan	☐ Countertop	☐ Disposal	☐ Door Hardware
☐ Doorbell	☐ Electrical Outlet	☐ Faucet Fixtures	☐ Floor	☐ Radiator/Heater
☐ Light Fixture	☐ Mirror	☐ Peep Hole	☐ Phone Outlet	☐ Plumbing
☐ Sink	☐ Smoke Detector	☐ Switches	☐ Thermostat	☐ Tissue Holder
☐ Toilet	☐ Towel Rack	☐ Ventilation	☐ Wall	☐ Window

☐ If Other, please describe: _____

Appliances: *if not applicable, check this box ->* ☐

☐ Freezer	☐ Microwave	☐ Oven	☐ Washer	☐ Dishwasher
☐ Refrigerator	☐ Stove	☐ Stove Burner	☐ Dryer	☐ Other (see below)

Problem:

☐ Not Working	☐ Damaged	☐ Cracked	☐ Loose	☐ Smells
☐ Clogged	☐ Leaking	☐ Hot	☐ Cold	☐ Other (see below)

For all selections marked 'other,' please list additional details here:

Signature below acknowledges all work has been completed; if requestor is unavailable, check this box → ☐

_____ _____ _____ _____

Resident/Requestor *Date* *Management/Maintenance* *Date*

This section to be completed by TNDC Management Staff only:

Unit Entry Date:		Start Time:		End Time:	
Employee Name:					
Misc./Parts $:					