



WORK ORDER/REPAIR REQUEST

Date:

Tenant Name:

Loft #

Please check which category best applies:

Electrical ___ Plumbing ___ Heating ___ Pest ___ Other ___

Explain work needed to be done:

Permission for maintenance to enter apartment to do work if you are not home ___ YES ___ NO

If no, please provide your email address:

in order that that we may schedule the work (in writing) to be done.

Tenant signature: _____

+++++++ For office use only below ++++++

Responded on:

Work completed on:

Was a vendor needed: ___ YES ___ NO

Facility Manager initial : _____