

Schedule: By Appointment: 9am - 12pm

Anytime By Appointment: 1pm - 5pm

**This Section For Office Use Only:**

Building

Unit

Date

**This Section For Office Use Only:**

Received by: (Print Name) Date:

Time:

E-mailed

Faxed

Dropped Off

Work Completed By: Date:

Charge Cost To Tenant:

Yes

Amount: $ No

Checked Smoke Detector

Reason for charge:

Comments:

Resident Manager Approval: E-mailed

Faxed

Dropped Off

**MAINTENANCE REQUEST FORM**

* All maintenance request forms must be submitted using this PDF maintenance request form. If an emergency is called in, it needs to be followed up with this form.
* If you are experiencing a power outage, please call the PG&E Customer Service Line at 1-800-743-5000.
* If you smell natural gas, call PG&E at 1-800-743-5000 and leave the area immediately.
* If you have another emergency, call 9-1-1. (examples of other emergencies include fire or flood)

Resident’s Name On Lease

Street Address Of The Building

Unit Number

City

State

Zip Code

Primary Phone Number

Secondary Phone Number

Email Address

Describe Your Request - (Descriptions that extend outside of this electronic form will scroll and are still visible for us to read.)

Maintenance requests By Appointment Only require at least 48 hours to schedule. Availability is between either 9am – 12noon or 1pm – 5pm.

* If you are going to be home during inspection or maintenance and have pets they must be on a leash. If you are not going to be home pets need to be in a crate or removed from unit.
* I understand that in submitting this maintenance request, I am giving the landlord, agents and/or tradesperson permission to enter my apartment as necessary to inspect the work requested above and complete the work as may be required if the landlord and/or agents deem it necessary.

**Signed** (your name)**:**

Today’s Date

Time

**1)** Save this PDF form to your device. **2)** Fill out the form with your information and resave it.

**3)** Attach the saved and completed form to an email and send it here: paulo@jras.com.