

# Apartment Maintenance Request Form

## Resident Information

- Name: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Apartment/Unit Number: \_\_\_\_\_

## Request Details

- Date of Request: \_\_\_\_\_
- Location of Issue (e.g., Kitchen, Bathroom): \_\_\_\_\_
- Problem Description:

*Please provide a detailed explanation (e.g., leaking faucet, broken window, pest control).*

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- Attachments (if applicable):

*Attach images or supporting documents if necessary.*

## Priority Level

- Low
- Medium
- High
- Urgent

## Preferred Access Time

- Morning (9:00 AM - 12:00 PM)
- Afternoon (12:00 PM - 4:00 PM)
- Evening (4:00 PM - 7:00 PM)
- No Preference

**For Internal Use Only**

- Request ID: \_\_\_\_\_
  - Date Received: \_\_\_\_\_
  - Assigned Technician: \_\_\_\_\_
  - Resolution Date: \_\_\_\_\_
  - Comments: \_\_\_\_\_
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