



**MAINTENANCE REQUEST FORM**

Date: \_\_\_\_\_ Property Manager: \_\_\_\_\_

Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Address: \_\_\_\_\_

Maintenance Request: \_\_\_\_\_

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\_\_\_\_\_

Please check your preference for maintenance to enter the unit:

- Ok to enter with a key.
- Please call to make an appointment.

SIGNATURE of requestor: \_\_\_\_\_

*(Fax to: 831-462-4202 Mail/Hand Deliver to: 4450 Capitola Road, Suite 101 Capitola CA 95010)*

**In case of Emergency please call our answering service at: 429-7521 if you are unable to reach us at (831) 464-0444.**

Revised 07/13/10 LAC