

RESIDENT'S SERVICE REQUEST (Long Form)

1. Resident's Name: _____ Time: _____ Date: _____ ,
Telephone (home) _____ (work or message) _____
Address/unit _____ , CA

2. SERVICE REQUESTED: *(describe trouble and special instructions)*

3. AUTHORIZATION: Owner/Agent/Service person(s) are authorized to enter unit if Resident(s) is not home unless instructions have been given above to the contrary.

_____ If verbal, taken by: _____
Signature of Resident(s)

4. INSTRUCTIONS TO SERVICE PERSONNEL:

5. REPORT OF ACTION TAKEN *Upon completion, describe problem, work done and materials used:*

Time spent completing service request: _____ Date Completed _____

We are unable to repair the problem because:

Estimated date of completion: _____ .

6. CHARGE COST TO RESIDENT: Yes No

Reason to Charge _____ Amount: _____

7. Resident(s) certifies that service request is correct except as follows:

Date _____

Owner/Agent _____

