



Taken By: \_\_\_\_\_

342 Catherine Street Walla Walla, WA 99362  
(509) 529-4980 FAX (509) 529-4985

*Equal Housing Opportunity*

**Tenant Request and Authorization for Maintenance**

Please use this form to request maintenance in your unit

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

Date: \_\_\_\_\_

Address of Unit: \_\_\_\_\_

Time: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Describe the problem: \_\_\_\_\_

Date you first noticed the problem: \_\_\_\_\_

Request completion date: \_\_\_\_\_

Repairs can be made:  Anytime  By Appointment

Appointment date/time: \_\_\_\_\_

Resident Signature: \_\_\_\_\_

Permission to enter unit: \_\_\_\_\_

*Resident Signature*

Materials: \_\_\_\_\_

Sub: \_\_\_\_\_

Staff: \_\_\_\_\_

Cost: \$ \_\_\_\_\_

Priority of Work:  Routine  Priority  Immediate

Date completed: \_\_\_\_\_

Purchase Order Number (s): \_\_\_\_\_

**Job Status**

Completed Date completed: \_\_\_\_\_ Performed by: \_\_\_\_\_

What was done: \_\_\_\_\_

Will return to complete on: \_\_\_\_\_  
*Date* *Time*

Outside professional assistance required: \_\_\_\_\_  
*Describe assistance*

\_\_\_\_\_  
*Resident signature verifying completion*

\_\_\_\_\_  
*Date*