

Co-op Unit Maintenance Request Form

Tracking Number

For Office Use Only

- 1** Check the item below that needs maintenance work or inspection.
NOTE: One form must be completed for **EACH** maintenance issue.

Bathroom

Mirror Shower Exhaust Fan

Towel Rack Sink/Faucet Grab Bar (accessible units only)

Bath Faucet Toilet roll holder

Trap Bathtub Toilet

Bathroom Flooring

Kitchen

Refrigerator Exhaust Fan Cabinet

Microwave Sink/Faucet

Countertop Stove/Oven

Dishwasher Trap

Kitchen Flooring

Windows, Doors, Floors

Door Arm Window Screen Closet Door

Key Lock Interior Door

Door Knob Screen Door Balcony Door

Unit Door Living Area Floor Bedroom Floor

Other

Light Switch Electrical Outlet

Key FOB

Mailbox

Heating/Air Conditioning

Smoke Detector

Carbon Monoxide Detector

Pest Control

2 Date Submitted

MONTH DAY YEAR

3 Member Information

Phone Number

First Name

Last Name

Unit Number

4 Unit Entry/
Acknowledgement

I give permission for staff or contractors to enter my unit to fix the maintenance issue that I have identified.

Call first

Member Signature

NOTE: Member MUST inform the office in writing if the member wants to be in the unit during the repair.

STAFF NOTES:

Work completed on:

MONTH DAY YEAR

Materials used:

- Work **not** completed (check reason below)
- Waiting for part(s)
- Entry refused
- See attached
- Office to follow-up
- Other: _____

Staff/Contractor Signature

5 Brief description of maintenance problem:

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