

SERVICE REQUEST FORM

NOTE: *Per your signed Rental Agreement, TENANT shall be responsible for any minor repairs necessary to the Premises up to \$100 or \$250.*

DATE: _____

FAX TO: (702) 995-0109

TENANT'S NAME: _____

PROPERTY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE #: _____ HOME PHONE #: _____

EMAIL ADDRESS: _____

TYPE OF SERVICE/REPAIR REQUEST (example: A/C, water heater, plumbing, etc.):

LOCATION OF SERVICE/REPAIR REQUEST (example: kitchen, garage, attic, etc.):

PREFERRED DATE: 1ST Choice: _____ 2nd Choice: _____ 3rd Choice: _____

PREFERRED TIME: 1ST Choice: _____ 2nd Choice: _____ 3rd Choice: _____

***** Allow 24 hours for a representative from Management ONE Group to follow up with your request. *****

TENANT'S Signature: _____ **Date:** _____

For Office Use Only

Date Received: _____ Date Referred: _____ Date Completed: _____
Received By: _____ Referred To: _____ Completed By: _____