



**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: 1<sup>ST</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

PREFERRED TIME: 1<sup>ST</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

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

**TENANT'S Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<i>For Office Use Only</i>		
Date Received: _____	Date Referred: _____	Date Completed: _____
Received By: _____	Referred To: _____	Completed By: _____