



# OREGON MAINTENANCE & REPAIR REQUEST



DATE \_\_\_\_\_ PROPERTY NAME / NUMBER \_\_\_\_\_

RESIDENT NAME(S) \_\_\_\_\_

UNIT NUMBER \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BEST WAY TO CONTACT ME: PHONE \_\_\_\_\_ TIMES: \_\_\_\_\_ TO \_\_\_\_\_

Pets Present  Minors Present  Other entry concerns \_\_\_\_\_

### TYPE OF MAINTENANCE OR REPAIR NEEDED:

- |                                   |                                    |                                          |
|-----------------------------------|------------------------------------|------------------------------------------|
| <input type="checkbox"/> Heating  | <input type="checkbox"/> Appliance | <input type="checkbox"/> Doors / Windows |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electric  | <input type="checkbox"/> Other _____     |

Exact nature of problem and cause, (if known) **Be SPECIFIC!**

Resident agrees that this written request authorizes the landlord or the landlord's agents to enter the premises without notice at reasonable times to perform the repairs/maintenance. This authorization expires after 7 days unless the repairs/maintenance are in progress and the landlord is making reasonable effort to complete the repairs/maintenance, in which event tenant authorizes entry at reasonable times in excess of seven days until such repairs/maintenance are completed.

By signing this request, Resident also agrees that the Landlord's maintenance person may conduct a preventative maintenance inspection while in the unit and, to the extent practical, do any necessary repairs. If it is not practical to perform the repairs in conjunction with the repairs requested by the Resident under this Maintenance Request, a new notice of entry will be given for the new repair work.

Tenant  X

### MANAGER'S RESPONSE

The repairs/maintenance requested above were performed on: \_\_\_\_\_

The following work was completed:

Smoke Alarm(s) checked Date \_\_\_\_\_

Owner/Agent  X  Date \_\_\_\_\_

ON SITE  RESIDENT  MAIN OFFICE (IF REQUIRED)