



Medicine Hat Community Housing Society

REQUEST FOR MAINTENANCE

DATE: _____ Can Enter/Permission to Enter
 Do Not Enter without Tenant

Tenant Address: _____

Tenant Name: _____ Tenant Phone #: _____

Description of repair(s) needed: _____

FAXED TO MAINTENANCE

PRINTED name of Staff Person: _____

For staff use only:

Date Maintenance request addressed: _____

Date Maintenance request completed: _____

Summary of work performed:

Completed by: _____