



MAINTENANCE SERVICE REQUEST FORM

THIS FORM IS TO BE COMPLETED AND FAXED **(404-766-7449)** TO THE MANAGEMENT OFFICE FOR **ALL** SERVICE REQUESTS. UPON RECEIPT OF THIS FORM, THE MANAGEMENT OFFICE WILL FAX BACK TO YOU THE ESTIMATED COMPLETION DATE. PLEASE LIMIT EACH REQUEST FORM TO ONE REQUEST, AS COMPLETION DATES MAY DIFFER. IF FOR ANY REASON THE ESTIMATED COMPLETION DATE CANNOT BE FINISHED BY THE SPECIFIED DATE, YOU WILL BE NOTIFIED. *If there is an emergency and you need immediate assistance, please call our office number at 404-209-5141 and the answering service will direct your call.*

Service Request Date: _____

Tenant Name: _____

Suite or Building Number _____

Contact Number: _____

Fax number: _____

MAINTENANCE REQUEST

Please circle one:

ELECTRICAL

PLUMBING

AIR CONDITIONING

OTHER

DESCRIPTION: _____

FOR MANAGEMENT OFFICE USE ONLY:

ESTIMATED COMPLETION DATE: _____

DATE OF COMPLETION: _____

MAINTENANCE SIGNATURE: _____

SIGNATURE OF OFFICE MANAGER
TO BE SIGNED UPON COMPLETION OF REQUEST

DATE