



# TENANT MAINTENANCE REQUEST FORM



**ADDRESS:**

PLEASE COMPLETE APPROPRIATE SECTIONS AND FAX TO RESIDE ON 020 8255 7723

TO BE COMPLETED BY <u>TENANT</u>				TO BE COMPLETED BY <u>RESIDE</u>		TO BE COMPLETED BY <u>TENANT</u>
ITEM NO.	DESCRIPTION OF WORK AND REASON: (WHAT IS WRONG & WHERE LOCATED)	P*	LIABILITY: TENANT/LANDLORD/CARE PROVIDER	CONTRACTOR	DATE DUE TO BEGIN WORKS	COMMENTS AND FEEDBACK ON COMPLETED WORKS
TENANT TO COMPLETE	NAME PRINT:	SIG:		ENABLED BY (IF APPLICABLE):		DATE:
RESIDE TO COMPLETE	AUTHORISED BY:		REF No.		DATE H.O. RECEIVED:	
* PRIORITY RATINGS (P)		A: WITHIN 24 HOURS	B: WITHIN 1 WEEK	C: WITHIN 1 MONTH		D: WITHIN 6 MONTHS