

MAINTENANCE FORM

Date of Report: _____
Day Month Year

Property Address: _____

Tenants Name(s): _____

Phone Numbers: H) _____ W) _____ M) _____

Nature of Repair: Please be specific so that we can avoid any unnecessary delays.
THIS IS IMPORTANT.

IT WOULD BE APPRECIATED IF YOU COULD PLEASE INDICATE THE PREFERRED METHOD FOR THE REPAIR TO PROCEED BY OUR RELIABLE TRADES PERSON:

☐ FOR THE TRADESPERSON TO CONTACT YOURSELF TO ARRANGE A SUITABLE TIME

FOR THE REPAIR TO BE CARRIED OUT. **-OR-**

☐ FOR CMS REAL ESTATE TO SUPPLY THE APPROPRIATE TRADESPERSON WITH THE KEYS
TO THE PROPERTY TO CARRY OUT THE REPAIRS.

OFFICE USE ONLY

OWNER NAME: _____

PHONE NUMBERS: h) _____ w) _____ m) _____

TRADESPERSON ALLOCATED: _____ DATE WORK ALLOCATED GIVEN: _____