

EI Dorado Medical:

Maintenance Request Form _____

Date: _____

Tenant: _____

Property: **EI Dorado Medical** _____

Bldg/Unit: _____

Phone: _____

Contact: _____

Service Requested:

HVAC: _____	Janitorial: _____	Plumbing: _____
Keys: _____	Lights: _____	Exterior: _____
Roof Repair: _____	Parking Lot Lights: _____	Trash: _____
Common Area: _____	Elevators: _____	Other: _____

Description: _____

Need Work Completed By: _____

Solution: _____

Completed By: _____ Date: _____ Time: _____

Charge Tenant: Yes _____ No _____

Needs Further Action: Yes _____ No _____

Tenant Call Back Date: _____ Work Completed Satisfactorily? Yes _____ No _____

Comments: _____

