RESIDENT'S SERVICE REQUEST (Long Form)

1. **Resident's Name:** _____ **Time:** _____ **Date:** _____ ,

    Telephone (home) _____ **(work or message)** _____

    Address/unit _____ , **CA**

2. **SERVICE REQUESTED:** *(describe trouble and special instructions)*

3. **AUTHORIZATION:** Owner/Agent/Service person(s) are authorized to enter unit if Resident(s) is not home unless instructions have been given above to the contrary.

    _____ **If verbal, taken by:** _____
    Signature of Resident(s)

4. **INSTRUCTIONS TO SERVICE PERSONNEL:**

5. **REPORT OF ACTION TAKEN** *Upon completion, describe problem, work done and materials used:*

    Time spent completing service request: _____ **Date Completed** _____

    We are unable to repair the problem because:

    Estimated date of completion: _____ .

6. **CHARGE COST TO RESIDENT:** ☐ Yes ☐ No

    Reason to Charge _____ **Amount:** _____

7. **Resident(s) certifies that service request is correct except as follows:**

_____   _____
Date   *Owner/Agent*