



# Maintenance Service Request

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Apartment Number: \_\_\_\_\_

## Service Requested:

Light Bulb(s) out: Living Rm. \_\_\_ Bed Rm. \_\_\_ Bath Rm. \_\_\_  
Lamp \_\_\_

Plumbing: Sink \_\_\_ Toilet \_\_\_ Shower/Tub \_\_\_

Heating \_\_\_ Air Conditioning \_\_\_

Other/ Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please post request on clients door frame with magnet located inside mailbox

Any questions contact the Maintenance Department's Desk/Voicemail at 419-728-7017  
Extension 114 may also be dialed from any phone within the facility including client phones.

Thank you - Maintenance Department

\_\_\_\_\_  
Maintenance use only

Date completed: \_\_\_\_\_

Completed by: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_