

# EASTSIDE REALTY

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## REPAIR REQUEST FORM

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TENANTS (1): \_\_\_\_\_

PHONE: (M) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

TENANTS (2): \_\_\_\_\_

PHONE: (M) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

PROPERTY MANAGER: \_\_\_\_\_

REPAIR REQUIRED:

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**ACCESS FOR TRADESPERSON:**

USE AGENTS MASTER KEY ( ) CALL TENANT FOR ACCESS ( )

**INSTRUCTIONS FOR TRADESPERSON:**

PLEASE QUOTE ( ) PLEASE REPORT ( ) PLEASE REPAIR ( )

OFFICE USE  
OWNER: \_\_\_\_\_

TRADESPERSON: \_\_\_\_\_

FAX: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE CALLED/FAXED: \_\_\_\_\_

TIME CALLED/FAXED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
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