



# WRITTEN MAINTENANCE REQUEST FORM

146 E. CARRILLO ST. • SANTA BARBARA, CALIFORNIA 93101-2111

• (805) 963-5945 • FAX (805) 564-8632

Resident Name(s): \_\_\_\_\_  
Unit Address: \_\_\_\_\_  
Resident Phone #: \_\_\_\_\_  Home  Work  Cell  
Other Phone #: \_\_\_\_\_  Home  Work  Cell  
Fax # (if applicable): \_\_\_\_\_  
Email Address (if preferred method of contact): \_\_\_\_\_

Please describe the problem, including the specific location in the unit or building: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: If the problem is with an appliance, it would be helpful if you could include its make and model number. This information is typically found somewhere on the appliance, often on the door edge or on the back.

Please indicate whether you have any pets, or other concerns we need to be aware of (alarms, for example) when entering your unit:  
\_\_\_\_\_  
\_\_\_\_\_

May we use our keys to access your unit to make the repairs?  YES  NO\*

\*Please note: If the answer above is "NO" then you must understand that you will have to be available to provide contractor access and that specific appointments generally require a two to three hour window of time.

By submitting this request you acknowledge that you have read and understand our Maintenance Request Procedures AND that submission of this request represents your acknowledgement of our written notice to you of our intent to enter your apartment to complete the necessary repairs (subject to your access instructions on the form). Depending upon your instructions, we will contact you with a more specific date and time, but this notice meets our requirement to notify you, in writing, of our intent to enter your unit.

Resident Signature (Required)

Date

(Note - the signing by one resident, in a multiple-resident tenancy, will imply the consent of all residents.)