

MARK HOPKINS RENTAL CONDOMINIUMS RESIDENT'S SERVICE REQUEST

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|--|--|---------------------|--|
| RESIDENT'S NAME | | DATE | |
| UNIT NUMBER | | TIME | |
| HOME PHONE | | WORK PHONE | |
| SERVICE REQUESTED (describe problem and special instructions in detail) | | | |
| | | | |
| AUTHORIZATION (Owner / Agent) Service persons are authorized to enter unit if resident is not home unless instructions have been given above to the contrary. | | | |
| RESIDENTS SIGNATURE | | IF VERBAL, TAKEN BY | |
| INSTRUCTION/S TO SERVICE PERSONNEL | | | |
| | | | |
| REPORT OF ACTION TAKEN (upon completion, describe problem, work done, materials used) | | | |
| | | | |
| Time spent completing request | | Date Completed | |
| We are unable to repair problem because: | | | |
| | | | |
| ESTIMATED COMPLETION DATE | | | |
| CHARGE COST TO RESIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| REASON TO CHARGE | | AMOUNT | |
| RESIDENT CERTIFIES THAT SERVICE REQUEST HAS BEEN COMPLETED SATISFACTORILY | | | |
| COMMENTS | | | |
| | | | |
| RESIDENTS SIGNATURE | | DATE | |
| DATE | | OWNER / AGENT | |