

## Maintenance Request Form

Date: \_\_\_\_\_ OWNER CODE: \_\_\_\_\_

Address: \_\_\_\_\_

Exact Location and Nature of Problem:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Contact Number of Reporting Party: \_\_\_\_\_

Please mail this form to:

John L. Scott Property Management

3206 W 6<sup>th</sup> Street Suite 100

The Dalles, OR 97058 or FAX to 541-298-2585

Attention:

*This section for office use:*

Given to: \_\_\_\_\_ Date: \_\_\_\_\_ Completed: **Y N**

Reason not completed: \_\_\_\_\_

Follow Up: \_\_\_\_\_