



MAINTENANCE SHEET

DATE: _____ TIME: _____

TENANTS NAME: _____

PROPERTY: _____

TELEPHONE: HOME: _____ BUS: _____

PROBLEM: _____

Note: Please advise if hot water service /oven /stove top is gas or electric.

(Office Use Only)

LANDLORD'S NAME: _____
TELEPHONE: HOME: _____ BUS: _____
COMMENTS: _____

MAINTENANCE MAN: _____
TELEPHONE: HOME: _____ BUS: _____
DATE GIVEN: _____ TIME: _____
AUTHORISED BY: _____