



6039 Cypress Gardens Blvd. #117 Winter Haven, Fl. 33884, Bus. 863.438.0033 Fax. 863.438.0055

Residents Maintenance Request, Policy and Procedures

Our staff is dedicated in providing the best service and quickest response as possible. In order for us to accomplish this, please be as specific as possible in describing your maintenance request. Unfortunately, requests that are vague and or incomplete can delay the repairs and cost both time and money.

We would like to remind you that it is your responsibility to maintain and repair the following items at your expense: A/C. Filters, Inside Pest Control, Smoke Detector Batteries, Lawn and Shrubbery (if applicable), Locks, and all Glass Breakage. Please note that there may be other items. Please see your lease for exact information.

Routine maintenance requests are processed only during normal business hours and must be submitted either through our website, by fax, or by mail. Our staff will review all maintenance requests and will contact the appropriate service contractor who will then contact you to set up an appropriate time to schedule the approved repair. This process should take 48 business hours or less. Please note, you will be charged for missed calls or for not allowing service contractors to gain entry as per your lease agreement.

Resident Maintenances Request Forms

Please complete in full

Resident Name: _____ Date: _____
Property Address: _____
Cell Phone: _____ Work Phone: _____ Home Phone: _____
E-mail address: _____

Maintenance Request Item

- 1. _____
- 2. _____

I/We the residents of the above referenced property do hereby submit the above noted maintenance and or repair items and request that they be completed as soon as possible.

Resident Printed Name

Resident Signature

OFFICE USE ONLY, PLEASE DO NOT WRITE BELOW THIS LINE

Date Maintenance Request Received From Office: _____
Owners Name: _____, Phone #: _____, Phone #: _____
Dates Attempted To Contact Owner: _____, _____, _____, _____
Date Contact To Owner Made: _____ . Owners Response: _____

Dates Attempted To Contact Resident: _____, _____, _____, _____
Date Contact To Resident Made: _____ . Date of Initial Inspection Made: _____
Repairs Made: _____

Additional Comments: _____

