



Repair | W.O. Request

Date _____

Commercial Residential

BG Matilija El Jardin Del Norte Other _____

Property# + Unit # _____

Tenant(s) Name(s)

Tenant Address

Contact Person: _____

Cell # _____

Other # _____

Other # _____

UNDER owner pre-approval repair amount

Owner Name _____

Date Contacted + # _____

via: Phone Fax Email Letter

OVER owner pre-approval repair amount

\$ _____ Estimate of Reported Repairs

Repairs Approved by Owner: YES NO > Date _____

Approved/Rejected Via[attached]: via: Phone Fax Email Letter

Misc. Owner Remarks: _____

(OFFICE USE ONLY)

Details of Request

HVAC Janitorial Plumbing Sink Commode Glass Keys Lights Graffiti Paint Trash
 Carpet Flooring Appliance | Common Area: Exterior Interior | Other: _____

Does the Vendor(s) have permission to enter? YES NO

Walk-in Phone Fax E-Mail/Mail [Letter]

X _____
Tenant Signature

Office Use Only

Priority of Repair/W.O. Request: 911 High Medium Low Repeat Repair

Vendor _____

via: Phone Fax | # _____ Date: _____

Remarks _____

Appointment _____

COMPLETION | Date: _____ Invoice# _____

Invoice Amt \$ _____ Other: _____

_____ TENANT-CHARGEBACK

X _____
Signature | BG Representative