

**IN-UNIT SERVICE PROGRAM
WORK REQUEST FORM**

Owner: _____ Date: _____

Address: _____ Unit: _____

DAYTIME Phone: _____ Other: _____

Please give a detailed description of the work requested:

It is the owner's responsibility to contact any tenants where applicable.

IMPORTANT INFORMATION, PLEASE READ:

Routine work will be performed on a first-come, first-served basis and should be completed within 7 - 10 business days. Emergencies (as determined by management) will take priority.

The owner's signature on this request authorizes management to enter the unit and perform the work requested. **FOR SECURITY PURPOSES, STAFF MUST LOCK BOTH LOCKS WHEN EXITING THE UNIT. WE URGE ALL RESIDENTS TO ENSURE THAT THEY CARRY A COMPLETE SET OF KEYS TO THEIR UNITS. NO AFTER-HOURS LOCK-OUT SERVICE IS PROVIDED!** The owner also assumes full responsibility for all charges incurred. Please remember, all work will be scheduled on a priority/first-come, first-served basis as determined by management. If you have any questions regarding the work performed, you must notify management within seventy-two (72) hours of completion of work.

ESTIMATE:

Estimates are available at an additional cost of \$30.00.

Check here if an estimate is required before work is performed.

SETTLEMENT:

If settlement of a unit occurs before the work can be completed, the cost of repairs will be estimated and collected in escrow. If your work must be completed in a shorter time period than 7-10 business days, we suggest that you hire an outside contractor.

Check here if this work is for a settlement of a unit. Date of Settlement: _____

Owners Signature