

Garden City Border Apts LLC.

APARTMENT SERVICE REQUEST

Date of Request: _____

APT #: _____ Tenant: _____

Cell: _____ Other Phone: _____

ITEMS REQUESTED : (Please be as specific as possible in your explanation)

Plumbing: _____

Painting Repairs: _____

Heat Related: _____

Kitchen: _____

Air Conditioning: _____

Windows: (Specify Room & Exact Problem) _____

Water Leaks: _____

Other: _____

SIGNATURE OF TENANT: _____

Super Authorized TO ENTER IN OCCUPANT'S ABSENCE? Y _____ N _____

For Office use only

ASSIGNED TO: _____ Date: _____

WORK COMPLETED: _____