

**CWP Property Management, Inc.**  
**Maintenance Request**

**\*All areas must be completed in order to process your request.**

Resident Name \_\_\_\_\_

Property Address \_\_\_\_\_

Phone Numbers: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Pager ( ) \_\_\_\_\_ Cellular ( ) \_\_\_\_\_

E-mail( ) \_\_\_\_\_

**How Can We Help You?**

Explanation of your request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YOUR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DO WE HAVE YOUR PERMISSION TO ENTER WITH OUR KEY?\***

YES

NO

**\*\*If you do not provide authorization to enter you must provide access to the vendor during regular business hours Monday through Friday 9:00am-5:00pm**

*-----FOR OFFICE USE ONLY-----*

Vendor: \_\_\_\_\_

Date Vendor Contacted \_\_\_\_\_ Time Vendor Contacted \_\_\_\_\_

Date Work Scheduled \_\_\_\_\_ Date Work Completed \_\_\_\_\_

Request Not Completed Because \_\_\_\_\_

\_\_\_\_\_

Tenant related? Explain: \_\_\_\_\_

\_\_\_\_\_

**Thank you for faxing this to: (510) 351-7490**

**As always, we are at your service.**