



Tenant Maintenance/Repair Request

Date: _____

Address: _____

Tenant Name: _____

Phone Number: _____

Problem (Please use back of page if needed): _____

Comments (including best time to make repairs): _____

I authorize entry into my unit to perform the maintenance or repair requested above, in my absence, unless otherwise stated above.

Tenant: _____

TO SUBMIT PLEASE USE THE ONE OF THE FOLLOWING 2 METHODS:

- 1) **EMAIL: Admin@ReliablePropertyManagementInc.com**
- 2) **FAX: (562) 205-1701 (Attention to: Property Management)**
- 3) **BRING TO OUR OFFICE: 6505 Rosemead Blvd. #306,
Pico Rivera, CA 90660
Hours: Monday-Friday 9am-5pm**

FOR MANAGEMENT USE ONLY:

Hours: _____

Material: _____

Date Completed: _____

Approval: _____