

# Co-op Unit Maintenance Request Form

Tracking Number

For Office Use Only

- 1**  Check the item below that needs maintenance work or inspection.  
**NOTE:** One form must be completed for **EACH** maintenance issue.

**Bathroom**

Mirror  Shower  Exhaust Fan

Towel Rack  Sink/Faucet  Grab Bar (accessible units only)

Bath Faucet  Bath Tub  Toilet roll holder

Toilet  Trap  Bathroom Flooring

**Kitchen**

Refrigerator  Exhaust Fan  Cabinet

Microwave  Sink/Faucet

Countertop  Stove/Oven

Dishwasher  Trap  Kitchen Flooring

**Windows, Doors, Floors**

Door Arm  Window  Screen  Closet Door

Key  Lock  Interior Door

Door Knob  Screen Door  Balcony Door

Unit Door  Living Area Floor  Bedroom Floor

**Other**

Light Switch  Electrical Outlet

Key FOB

Mailbox

Heating/Air Conditioning

Smoke Detector

Carbon Monoxide Detector

Pest Control

**2** Date Submitted

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MONTH DAY YEAR

**3** Member Information

Phone Number

First Name

Last Name

Unit Number

**4** Unit Entry/  
Acknowledgement

I give permission for staff or contractors to enter my unit to fix the maintenance issue that I have identified.

Call first

Member Signature

**NOTE:** Member MUST inform the office in writing if the member wants to be in the unit during the repair.

**STAFF NOTES:**

Work completed on:

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MONTH DAY YEAR

Materials used:

Work **not** completed (check reason below)

Waiting for part(s)

Entry refused

See attached

Office to follow-up

Other: \_\_\_\_\_

Staff/Contractor Signature

**5** Brief description of maintenance problem:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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