Wood Property Management

YOUR PARTNERS IN PROPERTY SUCCESS

MAINTENANCE REQUEST FORM

608-716-9924
bwood@woodpropertymgmt.com
woodpropertymgmt.com

Please complete all applicable fields. Accurate information helps us respond quickly!

PROPERTY INFORMATION

Association / Property Name:

Property Address:

Building (if applicable): Unit # / Suite #:

RESIDENT / REQUESTOR INFORMATION

Resident / Requestor Name:

Phone Number: Alternate Phone:

Email Address:

Preferred Contact Method: ☐ Phone ☐ Email ☐ Text Message

MAINTENANCE REQUEST DETAILS

Date Submitted: Requested By: ☐ Owner ☐ Resident ☐ Tenant ☐ Other: _____

PRIORITY (Please select one)

☐ Emergency ☐ High ☐ Normal ☐ Low

LOCATION OF ISSUE (Be specific)

DATE PROBLEM STARTED (Approximately):

CATEGORY (Please select all that apply)

☐ Plumbing ☐ Electrical ☐ HVAC ☐ Appliance

☐ Exterior / Building ☐ Roofing ☐ Landscaping ☐ Pest Control

☐ Elevator ☐ Common Area ☐ Security ☐ Snow Removal

☐ Other (please specify):

DETAILED DESCRIPTION OF ISSUE

Please provide as much detail as possible.

HAS THIS ISSUE BEEN REPORTED BEFORE? ☐ Yes ☐ No If yes, approximate date:

ACCESS & ADDITIONAL INFORMATION

PERMISSION TO ENTER

I authorize Wood Property Management and service providers to enter my unit when I am not present to complete necessary maintenance.

☐ Yes, I give permission

☐ No, please contact me for access

PETS IN UNIT?

☐ Yes ☐ No

If yes, please describe:

BEST DAYS / TIMES FOR ACCESS

ALARM SYSTEM OR GATE CODE?

☐ Yes ☐ No If yes, please provide details / code:

ADDITIONAL NOTES OR INSTRUCTIONS

ATTACHMENTS

Photos help us understand the issue better.

Have you attached photos? ☐ Yes ☐ No

Number of photos attached:

REQUESTOR CERTIFICATION

I hereby certify that the above information is accurate and that I am authorized to submit this maintenance request.

Signature: Date:

OFFICE USE ONLY

Work Order #:

Date Received:

Assigned Property Manager:

Assigned Vendor / Contractor:

Vendor Contact Information:

STATUS (Please select one)

☐ Received ☐ Assigned ☐ Scheduled ☐ In Progress

☐ Waiting on Parts ☐ Completed ☐ Closed

Estimated Completion Date:

Actual Completion Date:

Notes:

COST INFORMATION

Labor Cost: $

Material Cost: $

Other Cost: $

TOTAL COST: $

BOARD APPROVAL REQUIRED?

☐ Yes ☐ No

Approval Date: