

REPAIR WORK OF	RDER REQUEST FORM	Job # <u>:</u>	
Tenant Name:		Date:	
Address:			
Cell:	Work:	Home:	
Best Time & Numbe	r to Call <u>:</u>		
<u>Please Note:</u> We wi present for vendor to	•	enter during the day. Someone at least	18 years old must be
Permission to enter i	f not home? YES	NO	
Describe Work Req	uest		
Tenant: Reporting M	Maintenance need. Property Manager or fax to 25	2 081 0112	
	<u>hotline@gmail.com</u> 206-271- ephanie@rentalrain.com 206-		
Jonathan: joi	nathan@rentalrain.com 206-94	41-1707	
1	ur office at 15423 SE 272 <sup>nd</sup> St has been made within 24 hour	reet, #110, Kent. WA 98042. s please contact the office at 253-630-01	23.
Office Use Only:			
Date Responded:			
Vendor Assigned:	P	Property Owner Name:	
Results:			