



1788 Hwy. 95, Suite 14
 Bullhead City, AZ 86442
 Office 928-704-2727 FAX 928-704-2726
 www.bhcpms.com

TENANT MAINTENANCE WORK REQUEST

TODAYS DATE: _____

RENTAL ADDRESS: _____

TENANT NAME: _____

CONTACT NUMBER(S): _____

EMAIL: _____

DESCRIPTION OF ISSUE: _____

TENANT SIGNATURE: _____

Tenant agrees to pay a service fee charge is an appointment is made and the work cannot be performed due to lack of access to the property. If the repair is discovered to have been done on the basis of tenant neglect, the tenant may be responsible for payment as stated in your lease agreement.

OFFICE USE ONLY

OWNER: _____ CONTACTED _____ Y _____ N

TELEPHONE: _____

HOME WARRANTY: _____ COVERED: _____ Y _____ N

TELEPHONE: _____ POLICY # _____

W.O. # ASSIGNED: _____

VENDOR ASSIGNED: _____

TELEPHONE: _____

NOTES: _____

