



200 Gibson Street / Tonawanda, New York 14150 / 716-692-3555

TONAWANDA HOUSING AUTHORITY

MAINTENANCE SERVICE REQUEST

Date \_\_\_\_\_

Apartment Number \_\_\_\_\_

Name \_\_\_\_\_

Maintenance Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorization to enter apartment if not home: YES \_\_\_ NO \_\_\_

If no authorization this request will automatically be cancelled after three (3) attempts to complete requested work.

Tenant's Signature: \_\_\_\_\_

For office use only: \_\_\_\_\_ Work order # \_\_\_\_\_

Work completed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Materials/ Comments: \_\_\_\_\_

Completion date: \_\_\_\_\_ Charges: YES \_\_\_ NO: \_\_\_ Done by: \_\_\_\_\_ Office: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_

Maintenance Superintendent Signature: \_\_\_\_\_