

REQUEST & AUTHORIZATION FOR MAINTENANCE

Yardi Voyager Work Order # _____

Resident Name: _____ Unit #: _____ Property Name: _____

Phone Number: _____ Any Pets or Service Animals in the Unit? ☐ Yes ☐ No If Yes, How Many? _____

Description of Work Needed: _____

I, the undersigned hereby acknowledge that I request the maintenance described above to be done in my apartment. My signature below shall be my consent and authorization for the maintenance staff, or if necessary, a contractor to enter my apartment (as selected below) to do the work as described above.

☐ any time, during reasonable hours. Should more than one visit be necessary, I also give my consent.

☐ by appointment as I request to be present. Should more than one visit be necessary, I consent to schedule a follow up inspection when needed with management.

Resident Signature: _____ Date: _____

FOR MAINTENANCE USE ONLY

☐ Tenant Present ☐ Tenant NOT Present, Entry Notice Left in Unit (copy of entry notice attached)

Work Performed: _____

☐ Completed Date Completed: _____ Start Time: _____ AM PM Finish Time: _____ AM PM

☐ If applicable, Request Management Assistance or Follow Up: _____

Maintenance Signature: _____ Date: _____

☐ Unable to Complete because:

Supplies Needed: <small>(provide list of supplies in box to right)</small>	<div style="border: 1px solid black; height: 20px;"></div>
Vendor Required <small>(Name & Scheduled Date in box to right)</small>	<div style="border: 1px solid black; height: 20px;"></div>
Resident Missed Appt. <small>(List new appointment date, if applicable)</small>	<div style="border: 1px solid black; height: 20px;"></div>

Work Performed: _____

☐ Completed Date Completed: _____ Start Time: _____ AM PM Finish Time: _____ AM PM

Maintenance Signature: _____ Date: _____

FOR MANAGEMENT USE ONLY

Manager's Approval _____	Date Entered into Yardi _____	PO # (if applicable) _____	Follow Up Date <small>(must be within 1 week of completion date)</small> _____
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RESIDENT GRIEVANCE FORM

Resident Name: _____ Resident Phone: _____

Name of Person Completing Form (if different from Resident): _____

Please provide a detailed description of your grievance, concern or complaint:

[illegible]

Due to resident confidentiality, staff is not at liberty to discuss any actions taken as a result of this grievance.

Resident Signature	Date	Staff Signature	Date
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FOR OFFICIAL USE ONLY					
<input type="checkbox"/> Personal Complaint		<input type="checkbox"/> Hazardous/Unsafe Condition		<input type="checkbox"/> Lease/Policy Violation	
Date:		Time:		Action Taken:	
Date:		Time:		Action Taken:	Staff Initials:
Date:		Time:		Action Taken:	Staff Initials:
Date:		Time:		Action Taken:	Staff Initials:

CLOSED & FILED

Resolution / Outcome	Date	Time	Staff Initials
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