

MAHNOPLY MAINTENANCE REQUEST FORM

RESIDENT NAME

PROPERTY ADDRESS

PHONE

EMAIL

Days & hours of availability

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WORK ORDER DETAILS

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TENANT REQUESTING WORK

TO BE COMPLETED BY MAHNOPLY PERSONNEL ONLY.

DATE RECEIVED:	APPROVED BY: ___
WORK PERFORMED BY:	OTHER: ___
TIME TAKEN:	
MATERIAL RECEIPTS ATTACHED	YES <input type="checkbox"/> NO <input type="checkbox"/>

NOTE: K.S.A. 58-2553 PROVIDES THAT ONLY ISSUES AFFECTING HEALTH AND SAFETY ARE REQUIRED TO BE ADRESSED.