

THE A. W. GERDSEN COMPANY
MAINTENANCE CALL / REQUEST

Date: _____ Time of Call: _____ Taken by: _____

Tenant Name: _____ Phone: _____

Building and Apartment: _____

Problem: _____

May Maintenance enter your unit while you are not home? Yes No

Signature _____

Please fax this form to 861-6603, or deliver to our office at 3411 Clifton Avenue.
Requests may also be made over the phone or internet at www.gerdson.com

OFFICE USE ONLY

Immediately/ Emergency _____ When Convenient _____

Next Day _____ Other _____

REPAIR REPORT

Date Handled: _____ No. of Hours: _____

By Whom: _____

Repairs made: _____

Follow-up necessary/when: _____

Comments: _____
