

1st Capitol Realty
WORK REQUEST FORM

Please fax this request to 887-2844 or mail to:
929 E. Fort Lowell Rd, Tucson, AZ 85719

Date: _____

Property Address: _____

Requested by: _____

Home Phone: _____

Work Phone: _____ If you have a new home or work telephone number, please circle the new number.

WORK REQUESTED: (Please be as specific as possible in your description)

Remarks _____

May key be used to enter? Yes _____ No _____ Check one

If "**NO**", a date will be scheduled and you will be notified. If you are not present, a key will be used to enter. Tenant should be aware that if the work requested is found to be an occupant responsibility, the tenant will be charged for the work _____.

FOR OFFICE USE ONLY: Date rec'd: _____

Request approved by: _____ Request denied by: _____

Owner notified by: _____ Date: _____ Time: _____