

## 200 EAST 16th STREET HOUSING CORPORATION

## MAINTENANCE REQUEST

RESIDENT'S NAME:			CLA	ssic	OWNER
APARTMENT #:	DATE: TIME		:		
WORK REQUESTED:					
PERMISSION TO ENTER:	YES NO	PET	IN RESIDENT?	YES	□no
REMAINDER TO BE COMPLETED BY SUPERINTENDENT SCHEDULE WOR				K DATE:	
WORKER	DATE TIME IN	TIME OUT	TOTAL TIME	RATE	COST
			@		
			@		
MATERIALS				QTY.	
				TOTAL	
MAINTENANCE COMPLETED:	YES NO	С	ATE & TIME COMPL	ETED:	
	WORKER'S SIGNATURE	Ε:			
	TENANT/OWNER'S SIG	SNATURE:			
SUPERINTENDENT'S COMMEN	ITS:				
CHARGE TO: MANAGEMENT OWNER OCCUPANT \$AMOUNT:					
ORSID REALTYCORP 156 We	st 56 <sup>th</sup> St. 6 <sup>th</sup> El. NEW YOU	OK NV 100	110 T· /212\ 247 24	SOS E+ /21	2) 586-4524