



EtownApartments

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Tunnel Hill Park

Property Manager: Amy Smaagaard

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Tenant Work Order Request

Name: _____

Date Reported: _____

Address: _____

Unit # & Complex Name

Home Phone #: (_____) _____

Mobile Phone #: (_____) _____

Are there any pets in the unit? Yes/No If yes, what type? _____ Will it be caged? _____

Description of Problem(s): _____

***Shaded Area For Office Use Only**

Assessment of Problem: _____

Assessment Completed By: _____

Person/Company Assigned to Repair: _____

Action Taken by Person/Company Assigned to Repair: _____

Date Repair Completed: _____

