



## Tenant Request for Maintenance Form

Tenant Name: \_\_\_\_\_ Unit Address: \_\_\_\_\_

Contact or Alternate Contact Phone Number: \_\_\_\_\_

### **Maintenance Request:**

Please provide repair/maintenance request details in the space below. If applicable, attach photos.


Previously Requested? Date \_\_\_\_\_

Do you have a pet?

Yes \_\_\_\_\_ **No** \_\_\_\_\_

Pets must be contained and/or leashed during repairs.

### **By signing this form, you authorize:**

1. The ADSAB to release your phone number to a Licensed Contractor in order to make repair arrangements;
2. An ADSAB staff or Licensed Contract to enter your unit within **72 hours** of this request in order to conduct this repair. If repair arrangements cannot be made within 72 hours of this request, a 24 Hour Notice of Entry will be provided to you prior to the day of repair.

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ADSAB Staff: \_\_\_\_\_ Date & Time Received: \_\_\_\_\_

Submit in person to the Custodian/Contact Tenant or the local ADSAB Office

Or

**Attention:** Maintenance

Algoma District Services Administration Board

1 Collver Road, Thessalon ON P0R 1L0

**Fax:** 705-843-0482