

BRIGHTSIDE TENANT REQUEST FOR REPAIRS

Building: _____ Suite No. _____

Name: _____ Phone No. _____

Nature of Problem in the suite: _____

This signed request will authorize the Building Manager and/or Contractor to have access to my suite at any time between the hours of 8:00 AM and 4:30PM on their earliest convenient day to perform the requested repairs.

Tenant Signature

Date

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Date

OFFICE USE ONLY

Date Received: _____ Date Completed: _____

Action Taken: _____

Comments:

Staff Name and Signature

Date

OFFICE USE ONLY

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Action Taken: _____

Comments:

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Date