

BRIGHTSIDE TENANT REQUEST FOR REPAIRS

Building: _____
Name: _____

Suite No. _____
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. **During COVID-19, Residents MUST wear a mask or vacate suite while the repair is in process. PLEASE NOTE we will not perform repairs unless these guidelines are met. A mask will be provided upon request. Thanks for your co-operation.**

Tenant Signature

Date

OFFICE USE ONLY

Date Received: _____ Date Completed: _____

Action Taken: _____

Comments: _____

Staff Name and Signature

Date