

BRIGHTSIDE REQUEST FOR REPAIRS

Building: _____ Unit No.: _____

Name of Resident: _____ Phn No.: _____

Nature of this request (please check one):

- Plumbing
- Mechanical
- Electrical
- Other

Please provide a description of the issue that requires attention (please also specify the exact location: e.g. Bathroom sink, entrance door, etc.):

By signing and submitting this Repair Request, I understand that it will authorize Brightside and/or a Contractor to have access to my unit at any time between the hours of 8:00AM and 4:30PM on weekdays on their earliest day possible to perform the requested repairs.

Signature of Resident

Date

OFFICE USE ONLY

Date Received: _____ Date Completed: _____

Action(s) Taken:

Comments:

Staff Name and Signature

Date