Repair Request

Please COMPLETE, SIGN and FAX this notice to (310) 400-5826

First name

Last name

Property address

Unit #

Work number

Cell number

☐ I wish to be home when the repairs are made. I understand that this may delay my request. Please call, me at the above number, to schedule the necessary repairs.

☐ I give my permission for the Maintenance Manager or a Cambridge Partners, representative to enter my apartment to complete the necessary repairs while I'm out.

Repair Request(s):

1. _____

2. _____

3. _____

Resident's signature _____ Date _____