



Optimal Property Management Inc.

3-35 Stone Church Rd. Box 218 Ancaster On. L9K 1S5

Tel: 905-648-6440 Fax: 289-239-7174

MAINTENANCE REQUEST

Date: _____

Residents' Name(s): _____

Residents' Address: _____ Apt. # _____

Telephone: Day _____ Evening _____

E-mail: _____

Request Description:

Residents' Consent: I wish to have the above maintenance attended to and I hereby authorize the landlord to enter my suite. Should it be necessary to use a service agency other than the landlord or should more than one visit be required for correction, I also authorize my consent.

Residents Signature _____