

# Repair Request Form

**Confidentiality**

The personal information provided on this form is confidential and will not be shared with other residents.

|                   |                   |
|-------------------|-------------------|
| Date:             | Time:             |
| Name:             |                   |
| Unit #            | Building:         |
| Email:            | Phone:            |
| Request taken by: | Request given to: |

**Detail of Repair Requested**

**Information below to be completed by Onward**

|                    |   |
|--------------------|---|
| Date Promised:     | Urgent: <div style="display: flex; justify-content: space-around; width: 100%;"> <span>48 hr</span> <span>1 wk</span> <span>2 wks</span> </div> |
| Date Completed by: | Completed by:   |

Detail of Repair Completed and Comments

|  |       |
|--|-------|
| Onward Staff Received:                       | Date: |
| Copy of completed form provided to Resident: |       |