



REPAIR WORK ORDER REQUEST FORM

Tenant Name _____ Date _____

Address _____

Home _____ Cell _____ Work _____

Best Time & Number to Call _____

Please Note: We will need you to allow time to enter during the day. Someone at least 18 years old has to be there for vendor to enter home.

Permission to enter if not home? ____ YES ____ NO

Describe Work Request

Methods of turning this form in:

- Fax to 253-981-0112. If no contact has been made within 24 hours please contact the office at 253-630-0123.
- Drop off at our office at 15423 SE 272nd St., #110, Kent WA 98042.
- E-mail your property manager
Susan: tenanthotline@gmail.com Ann: annj@rentalrain.com

**If this is an emergency, please call your property manager:
Susan: 206-271-9622 Ann 253 951 8449**

Office Use Only:

Date Responded: _____

Vendor Assigned: _____ Property Owner Name _____

Results: _____
