



DURHAM REGION NON-PROFIT HOUSING CORPORATION

REQUEST FOR REPAIRS

TENANT NAME

TELEPHONE NUMBER

BUILDING ADDRESS & UNIT NUMBER

I/We, the above tenants, request the following repairs:

I/We, hereby authorize DRNPHC Staff/Agent to enter my unit for repair purposes. Should it be necessary to use a service agency other than DRNPHC Staff or should more than one visit be required for correction, I also signify my consent.

TENANT SIGNATURE

DATE

FOR OFFICE USE ONLY

Work assigned to: Superintendent
Maintenance Person
Outside Contractor

(Contractor Name)

Date Completed:	Initials:	No. of Hours:
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Remarks: _____

Materials Used: _____

Tenant Charge:	Yes {}	No {}
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*Dist: White Copy - Administration Office
Yellow Copy - Superintendent
Pink Copy - Tenant*