

SERVICE REQUEST FORM

CONTACT INFORMATION

NAME	TODAY'S DATE
PHONE	EMAIL
PROPERTY ADDRESS	
UNIT NUMBER	CONDO CORPORATION NUMBER

STYLE OF UNIT

TOWNHOUSE STACKED TOWNHOUSE MID-RISE QUADS HIGH-RISE

LOCATION OF THE PROBLEM

- | | |
|---|--------------------------|
| PARKING, PAVING,
VISITOR PARKING | PARKING LOT/
LIGHTING |
| ROAD/DRIVEWAY | LANDSCAPING |
| ROOF | FOUNDATION |
| WINDOW/DOOR | FENCING |
| OUTSIDE WALLS | EAVES TROUGHS |
| PATIO/BALCONY/
DECK | TREES |
| PEST CONTROL | LEAK |
| GARBAGE | INTERCOM |
| MECHANICAL/
ELECTRICAL POLE
OR ROOM | SIDING/BRICK |
| OTHER | |

DESCRIBE THE PROBLEM

Take the time to provide as much detail as you can pertaining to the problem in the area below.

Do your best to provide all the information you have, keep in mind what, where, how and why. The more details you provide will alleviate delays.

Supply pictures for accuracy with contractors in order to prevent delays.

DESCRIBE THE PROBLEM HERE (in detail)

SEE NEXT PAGE FOR WHAT DETAILS TO INCLUDE

DETAILS TO INCLUDE

- Leak** If there is a leak, is there a unit above or below you? If so, please provide the unit number. Indicate the location in home, what is above this room (ie. roof, bathroom etc.), and any idea what could potentially be causing the leak.
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- Lighting** Include what type of lighting (ie. street lamp, lamp post etc.) What is the light secured to, and what type of light is it?
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- Door or Window** Describe the area on the door or window that seems to be the problem (ie. The handle, the seal, frame etc.).
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- Roof** Indicate the area on the roof that are missing shingles or seem to be the area of concern, and over which room it is in the unit.
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- Pest Control** Provide as much detail as you can regarding the type of pest, location where the pest problem is, and if you have tried any remedies to stop the problem.
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- Foundation** Indicate which wall and what is behind that wall and if you can see a problem around a window. If it is a foundation crack, please indicate size, direction of crack and if water is entering the unit. Also include when this issue started.
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- Patio, Balcony or Deck** Only applicable if not the owner's responsibility.
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With each request please insert a picture(s) or attach to email.

For more information or clarification [click here](#)

IN OFFICE USE

WORK ORDER NO.	DATE	CONTRACTOR
QUOTE REQUEST ISSUED	DATE	APPROVED CONTRACTOR
COMPLETED	DATE	APPROVED CONTRACTOR

NOTES

MILLCREEK EMPLOYEE _____ DATE _____