

Repair & Maintenance Request Form

Condominium Corporation

Date:

Owner's Name:

Owner Occupied: Yes No Tenant Occupied: Yes No

Owner Telephone #'s H: W: C:

Owner Email:

Unit Address:

Resident Name If Not Owner:

Resident Telephone #'s H: W: C:

Resident Email:

DESCRIPTION OF REPAIR REQUEST:

Urgent Regular

Signature: _____

Please email form to: condo@stratamgtinc.com

FOR OFFICE USE ONLY

Work Completed By: Date: