



### MAINTENANCE PROBLEM REPORT FORM

Student Name: \_\_\_\_\_ Room #: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Date: \_\_\_\_\_

**Please check any of the following that may be applicable:**

- ☐ Lost Key
- ☐ Furniture
- ☐ Doors/Locks
- ☐ Windows/Blinds
- ☐ Electricity/Lights
- ☐ Water hot/Cold
- ☐ Air Conditioner
- ☐ Refrigerator in main kitchen
- ☐ Cooker in main kitchen
- ☐ Washer/Dryer
- ☐ Other

What is the problem? \_\_\_\_\_

\_\_\_\_\_

When did the problem start? \_\_\_\_\_

Please specify when will you be available? (Sunday- Thursday 8:00am - 17:00pm)

\_\_\_\_\_

Contact Number: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

**PLEASE TURN IN TO HOUSING MANAGER**

**FOR OFFICE USE ONLY**

**Date Received:** \_\_\_\_\_

**Occupant's responsibility:** Yes ☐ No ☐