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☐