

**SILVER HOME RENTALS, L.L.C.**  
4735 E. Camp Lowell Drive  
Tucson, Arizona 85712  
Office: (520) 327-3350  
Fax: (520) 327-3292  
Email: info@silverhomerentals.com

**MAINTENANCE/REPAIR REQUEST**

**Repairs are only done Monday through Friday, 8:00 a.m. to 5:00 p.m.**  
**Once we have your request, we will contact you.**

**\*\*In case of emergency, please contact the office immediately\*\***

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Best Time To Contact: \_\_\_\_\_  
Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
New Request: \_\_\_\_\_ Prev. Request: \_\_\_\_\_ Callback: \_\_\_\_\_

Detailed description of problem – Remember, we can't fix a problem we don't understand:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorization to enter in occupant's absence with key: (Check One) Yes \_\_\_\_\_ No \_\_\_\_\_  
By requesting this work, Tenant acknowledges that if the repair is found to be due to misuse, Tenant will be responsible for payment of the repair, per the Lease Agreement.

**FOR OFFICE USE ONLY:**

**REPAIR ORDER #** \_\_\_\_\_

Dropped Off      Walk-In      Mailed      Faxed      EMailed

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Work Authorized: By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Repair Assigned To: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Tenant Called: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

HOA Warranty      Warranty      Call Back

Comments: \_\_\_\_\_  
\_\_\_\_\_