

Date:/ Location: QVIR Tenant Name: Address: Phone No. Home: Work: Other: NON-EMERGENCY [] EMERGENCY [] DESCRIPTION OF PROBLEM- provide location in unit and detail description of maintenance need.
Address: Work: Other: Other: Other: DESCRIPTION OF PROBLEM- provide location in unit and detail description of maintenance need.
Phone No. Home: Work: Other: NON-EMERGENCY [] EMERGENCY [] DESCRIPTION OF PROBLEM- provide location in unit and detail description of maintenance need.
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MLIHA STAFF TO COMPLETE THIS SECTION
Received Via: Phone ☐ Fax ☐ RSP ☐ Maint. ☐ Other ☐
Response Date: / / Who Responded:
Check One: Routine Maintenance ☐ Tenant Caused Damages ☐ Deferred Maintenance ☐
Notes/Comments:

CHECKLIST FOR DETERMINATION OF TENANT RESPONSE FORM

DATE: /	LOCATION: QVIR
TENANT NAME:	
IS Tenant Response Form:	NON-EMERGENCY [] EMERGENCY []
IF Tenant Response Form IS	NOT AN EMERGENCY, WHAT DETERMINATION IS IT:
Routine Maintenance:	
Tenant Caused Damages:	
Deferred Maintenance:	
IF Tenant Response Form IS	TENANT CAUSED DAMAGES:
Maintenance to Repair	[]
Contract Service Repair	[]
Quote for Repair of Damages t	o Tenant Yes [] No []
Method of Tenant Payment	Full Payment []
	Payback Agreement []
WORK LOG:	
Purchase Order issued	Yes [] No []
Purchase Order No.	
Date Work Completed	
FILED TO TENANT FILE:	
Determination	Yes [] No []
Tenant Response Form	Yes [] No []
Maintenance Work Log	Yes [] No []
Invoice	Yes [] No []
Completed By:	Date:/
Tenant Signature: (Tenant signs upon completion)	