

Please fill in and drop off at the office.

Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date and time to fix: (please let us know if you will be home or do we have permission to enter the premises to repair items.)

\_\_\_\_\_

Maintenance problem (Please describe in detail):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Responsible: Owner \_\_\_\_\_ Tenant \_\_\_\_\_ Alberta Property Management \_\_\_\_\_

Contractor Info: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Invoice Received / #: \_\_\_\_\_

Approved: \_\_\_\_\_

Tenant Invoiced: \_\_\_\_\_ Owner Invoiced: \_\_\_\_\_

**Phone:** 780-715-7270

**Fax:** 780-715-7378

**Toll Free:** 1-877-715-7270

**E-Mail:** pm@apmsi.ca