Work Order # _____

S & L Property Management

Office (951) 698-4030 / Fax (951) 698-4469

Maintenance Action Request/Report

Date: _____ Time: _____

PROPERTY ADDRESS	CITY		ZIP
NAME OF PERSON SUBMITTING REPORT	TENANT ✓	OWNER ✓	OTHER ✓
( )	( )	( )	
HOME NUMBER	CELL NUMBER	WORK NUMBER	

Report accepted by: _____ **Date:** _____

SUBJECT / CONCERN:

ACTION TAKEN:

Completed by: _____ Date: _____