



SERVICE REQUEST FORM

REQUESTED BY (Customer's Name):		AGREED SCHEDULE	
TOWER & UNIT:	Contact No.:	DATE:	TIME:
DATE:		RECEIVED BY:	(AA/Receptionist)

TERMS AND CONDITIONS:

1. I fully understand that the performance of work inside my unit by the property management staff is under my instruction and I have full knowledge that I have an option to get independent contractors to undertake such works. I shall not hold the property management or its staff liable for any damage that may be caused in the performance of or incidental to this service request.
2. I fully understand that works to be done should follow Jazz Residences House Rules and Regulation.
3. I fully understand that service request depends on technician availability.
4. I fully understand that materials are not included and should be provided by the unit owner/tenant.
5. I fully understand that for works with per hour basis, time will start as soon as the In-House Maintenance arrive at the unit.
6. I fully understand that noisy works should follow the allowed schedule of 10:00 AM to 12:00 PM and 3:00 PM to 5:00 PM Mondays to Fridays (except Saturdays, Sundays and Holidays)
7. I fully understand that request should be done within office hours 9:00 AM to 6:00 PM, Mondays to Sundays except Holidays and at least (2) days prior to the preferred schedule or major works.

Customer's Complete Name & Signature: _____
(Owner / Tenant)

SERVICE REQUESTED	ACTION TAKEN	RESPONSE TAKEN	TIME		
			STARTED	COMPLETED	ELAPSED

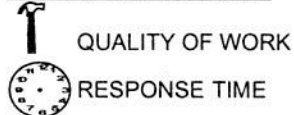
Technician in charge: _____

Total Cost: _____
OR #: _____

PLEASE MARK STATUS OF SERVICE REQUEST

- Immediate payment at the Property Management Office
- To be included in the Monthly Statement of Account

CUSTOMER FEEDBACK



- Satisfied
- Satisfied

- Not Satisfied Remarks: _____
- Not Satisfied Remarks: _____

CERTIFICATION OF WORK COMPLETION

ACKNOWLEDGED BY:

Signature Over Printed Name

Property Engineer / Property Manager

Date

Date