

# MAINTENANCE REQUEST FORM

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

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

Building & Room: \_\_\_\_\_

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

*This will help staff reach you if they have questions about your request.*

## What is the nature of your request?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>Electrical</b><br><i>Problems with electrical outlets, ceiling light, or light switch.</i> | <input type="checkbox"/> <b>Heat</b><br><i>Problems heater: no heat, too much, leaking water.</i>                         | <input type="checkbox"/> <b>Door Lock / Key Problem</b><br><i>Key does not work, lock sticks, door will not lock, lock broken.</i> |
| <input type="checkbox"/> <b>Window/Screen</b><br><i>Problems shutting/opening window or broken/missing screen.</i>     | <input type="checkbox"/> <b>Bathroom</b><br><i>Problems with toilets, sinks or shower not working, leaking or broken.</i> | <input type="checkbox"/> <b>Other</b><br><i>Please specify below</i>   |
| <input type="checkbox"/> <b>Computer/Internet/Cable</b>  | <i>Please see or call (781-768-7177) the <b>IT Help Desk</b> for assistance.</i>  |  |

**Please leave a detailed description of the request to ensure a quick response.**

**All maintenance request forms should be submitted to your Resident Director or the Office of Community Life.**

Received By: \_\_\_\_\_

Received On: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Submitted On: \_\_\_\_\_