

Tenant Maintenance Service Request Work Order

_____ - _____
Assigned by Management Office

MAGUIRE & PARTNERS MANAGEMENT GROUP
One Belmont Avenue ~ Suite 300, Bala Cynwyd, PA 19004

610.668.2540



Please FAX this work order to: 610-664-0131

Section A: To Be Completed By Tenant (please complete all items)

Date: ____/____/____

TIME: _____ AM/PM

Tenant Name: _____

Address: _____

Suite Number: _____ Fax #: (____) _____ Phone #: (____) _____

Reported By: _____

Description of Request or Problem (please be as specific as possible):

Section B: To Be Completed By Maguire & Partners Management Group

Scheduled Completion: ____/____/____

Actual Cost:

Material: _____

Date WO Completed: ____/____/____

Labor: _____

FEE: _____

TOTAL: _____

Comments: _____

Work Performed By: _____ Time to Complete: _____

Tenant Signature: _____ Date: ____/____/____

Section C: Tenant Charge Back

Charge to: _____
(PRINT)

Yes

*If Yes, Prior Signature is Required.

\$ _____

No

* Tenant hereby agrees to be responsible for costs associated with repair.

Signature: _____

Title: _____

Print: _____

Date: ____/____/____

**PLEASE NOTE – AUTHORIZED CHARGE WILL BE BILLED VIA INVOICE.*