

SUNSET PLAZA CONDOMINIUMS WORK REQUEST FORM

Date: _____

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Best time to be contacted: _____

Work request: (Please describe briefly the problem and location.)

******* Bottom Section to Be Completed by Maintenance *******

Inspection and assessment of deficiency:

Action taken to remedy deficiency:

Date Completed: _____

Given to TMT-for tracking

Date _____

Please return the completed form to The Management Trust
at 6704 Tacoma Mall Blvd., #111, Tacoma, WA 98409
or email to Kristin.Gee@ManagementTrust.com