


MAINTENANCE REQUEST FORM TEXAN RANCH APARTMENTS

HOW TO SUBMIT YOUR REQUEST

Complete this form in full and email it to: texanranchapts@gmail.com

A response will be provided within 24 hours of receipt.

 **EMERGENCY? Fill out this form AND call the office immediately.**

Emergencies include: active water leak • no electricity • gas odor • sewage backup • broken exterior door/lock • fire or smoke damage

1. TENANT INFORMATION

Tenant Name: _____ Date of Request: _____

Unit # / Space #: _____ Phone Number: _____

Email Address: _____

2. REQUEST DETAILS

Date Issue First Noticed: _____ Is this an Emergency? _____

Location of Issue (check all that apply):

- | | | | |
|---|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Bedroom | <input type="checkbox"/> Living Room |
| <input type="checkbox"/> Exterior / Lot | <input type="checkbox"/> HVAC / A/C | <input type="checkbox"/> Electrical Panel | <input type="checkbox"/> Other: _____ |

Type of Maintenance Needed (check all that apply):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Plumbing / Leak | <input type="checkbox"/> Running Toilet | <input type="checkbox"/> Clogged Drain | <input type="checkbox"/> Hot Water |
| <input type="checkbox"/> Electrical / Outlet | <input type="checkbox"/> Light Fixture | <input type="checkbox"/> A/C or Heating | <input type="checkbox"/> HVAC Filter |
| <input type="checkbox"/> Appliance | <input type="checkbox"/> Door / Lock / Window | <input type="checkbox"/> Mold / Water Damage | <input type="checkbox"/> Pest / Rodent |
| <input type="checkbox"/> Sewer / Septic | <input type="checkbox"/> Roof / Ceiling | <input type="checkbox"/> Structural | <input type="checkbox"/> Other |

Describe the Issue in Detail:

How long has this issue been present? _____

Has this occurred before? _____

3. ACCESS & SCHEDULING

Permission to Enter While Tenant is Absent:

Yes — I give permission for maintenance staff to enter the unit in my absence. No — I must be present. Please schedule a time with me.

Preferred Days / Times for Maintenance Visit:

Monday Tuesday Wednesday Thursday Friday
 Morning (8am–12pm) Afternoon (12pm–3pm) Either

Any scheduling conflicts or notes: _____

4. CERTIFICATION

By submitting this form, Tenant certifies that the information provided is accurate and complete. Tenant acknowledges that submitting a maintenance request does not constitute a withholding of rent, and that rent remains due and payable in full on the 1st of each month regardless of any pending maintenance request. Landlord's response time and repair timeline are subject to the terms of the Lease Agreement.

Tenant Signature _____

Printed Name: _____ Date: _____

FOR OFFICE USE ONLY

Date Received _____	Received By _____	Priority <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/>	Assigned To _____	Scheduled Date _____
Date Completed _____	Work Performed _____		Parts / Cost _____	Staff Initials _____

Manager / Supervisor Signature _____