

# ECKAN RENTALS SERVICE REQUEST



O C C U P A N T	NAME _____ PHONE # _____ CELL # _____		
	ADDRESS _____		CITY _____
	AUTHORIZATION TO ENTER IN OCCUPANTS ABSENCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE & TIME SCHEDULED _____
O F F I C E	DATE REPORTED _____ TIME _____ TAKEN BY _____		
	<b>WORK REQUESTED:</b> _____		
	_____		
	_____		
	_____		
	_____		
ACTION TAKEN: Work completed ( ) Repaired temporarily ( ) Parts on order ( ) Outside contractor called ( )			
DATE COMPLETED _____ TIME IN _____ TIME OUT _____			
<b>WORK DONE:</b> _____			
_____			
_____			
_____			
F O L L O W - U P	DATE of FOLLOW-UP: _____ TIME _____ BY _____		
	<b>FOLLOW-UP given:</b> _____		
	_____		
	_____		
	_____		
Client Satisfied with repair <input type="checkbox"/> YES <input type="checkbox"/> NO			
If no, further action is being taken:			
_____			
_____			
_____			