



Tseshaht First Nation Maintenance/Repair Request Form

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| Date: | Time: |
| Name: | Phone No: |
| Address: | |

Please select which one is applicable to you:

- Social Housing Homeowner
 Elder Disability

Type of Service needed:

- Heating/Cooling Appliance
 Plumbing Locks
 Electrical Other
 Carpentry

Please Describe problem/work required:

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You may come in to do the requested repair: (select one)

- At Anytime If you call First
 With 24 Hour Notice

Tenant Signature: _____ Date: _____

By signing this form I understand that repairs **may not** be covered by Tseshaht First Nation. If the repair is considered Tenant Related Damages in a Social Housing home/unit, I understand that it will be charged to my account. If the repair is considered Homeowner Related Damages, I understand that it may not be fixed.

Office use only:

Please put all requests in the Housing Box with date stamp. TRD: Y or N

Invoice #: _____ PO#: _____ \$ _____

Fund#: _____ GL Expense Code: _____ Dept: _____

Service Description:

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Date work Completed: _____ Company completed by: _____

HM: _____ MC: _____ HA: _____

Please sign and complete form with PO(s) & Invoice (s) attached.