DAYLIGHT
PROPERTIES

REPAIR REQUEST

Name (and/or Business name): _____

Address of unit: _____

Phone number: _____

☐ OK to enter between (9:00 am to 4:00 pm)

☐ Only between the hours of _____ & _____
(*Maintenance available Monday – Friday 7:30 a.m. to 4:00 p.m.)*

☐ Call first

Please list each item separately and explain all problems needing attention:

_____

_____

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_____

By signing below I authorize Daylight Properties to enter the above referenced unit to facilitate this repair.

Tenant Signature: _____ Date: _____

Completed by: _____ Date: _____

1155 N State St #620 Bellingham, WA 98225
Phone: 360-734-6600 | Fax: 360-734-9323 | admin@daylightproperties.com