



Office Hours: Monday – Friday 9:00 am – 5:00 pm
Property Management: 210-662-6000
Ext. 214 or 215
Fax #210-661-5511

REPAIR REQUEST FORM

www.delaney.org
maint@pmstx.com

DATE OF REQUEST: _____

ADDRESS: _____

TENANT NAME (contact person) _____ HOME #: _____

WORK #1: _____ WORK #2: _____

CELL #1: _____ CELL #2: _____

Please indicate best hours to reach you and best phone# _____

NO ONE WILL BE DISPATCHED UNLESS PHONE NUMBER PROVIDED

E-MAIL ADDRESS: _____

PETS IN HOME: YES NO. If yes, where _____ Name _____

I (We) understand that under some circumstances I (we) may need to pay in advance for costs I (we) may be liable for under the lease.

I (We) do do not authorize DeLaney Realty to issue a key to enter the property during normal business hours.

I (We) do do not have an alarm system. Code: _____ Subdivision Gate Code: _____

A person at least 18 years of age must be present to let contractors inside.

DESCRIPTION OF PROBLEM

Signature of tenant making request

OFFICE USE:

Person Receiving Request: _____ Date Received: _____

Vendor Assigned: _____ Date Assigned: _____

Vendor Phone: _____ WO # _____

Remarks _____ Date Action Complete _____

Promas L:Drive