



KLAHOOSE MAINTENANCE REQUEST FORM

Name: _____

Date: _____

Address: _____

Phone: _____

Please circle which one applies to you.

1. ELDER 2. HOMEOWNER 3. DISABILITY 4. BAND OWNED HOME

Please circle which service(s) is required.

1. HEATING/COOLING 2. PLUMBING 3. ELECTRICAL 4. APPLICANCES 5. LOCKS
6. CARPENTRY 7. OTHER

Please describe the problem/work required.

By signing this form, I understand that all repairs may not be covered by Klahoose First Nations Housing. If the repair is considered tenant related damages to the Band owned home, then the Band is not responsible for the payment, and you will be responsible for the costs.

Tenant Signature: _____

Date: _____

Office use only:

INVOICE #.

_____ PO# _____ \$ _____

FUND: _____

GL EXPENSE CODE: _____