



CAMWOOD PROPERTIES LTD.

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Tenant Service Request Form	
Date of tenant service request:	Time:
Tenant Name:	
Phone:	Email:
Building Address:	Unit Number:
You may come in to do the requested repair: <input type="checkbox"/> any time <input type="checkbox"/> if you call first <input type="checkbox"/> with 24 hours notice	
Is the problem related to: <input type="checkbox"/> Electricity <input type="checkbox"/> Heat <input type="checkbox"/> Hot or cold water <input type="checkbox"/> Safety and security – suite or building <input type="checkbox"/> Other <input type="checkbox"/> Gas	
Description of problem or repair:	
Tenant signature	
Date of tenant signature:	
Description of action taken by building management:	
Date tenant service request closed or completed:	
Building management signature:	