## REPAIR REQUEST

EIRCT EI ARIKM		DATE:		
TIKES I FL	ORIDA	NON-WARRANTY		
PROJECT NAME:		BLDG #:	UNIT #:	
STREET ADDRESS:		BLDG #:	UNIT #:	
CITY & ZIP CODE		BLDG #:	UNIT #:	
PROPERTY CONTACT:		BLDG #:	UNIT #:	
PHONE #:		TENANT(S) NAME:		
OFFICE HOURS:		PHONE:		
UNIT(S) OCCUPIED:	YES NO	**EMERGENCY ISSUE:** YES	NO	
		FIRST FLORIDA REP - ON SITE:		
PROPOSED AMOUNT:	\$			
APPROVED BY:				
COMPANY NAME:	CONTRAC	CTOR INFORMATION  CONTACT PHONE:		
CONTACT NAME:		(Circle one) CONTACTED BY: PHONE	FAX	EMAIL
DATE OF REPAIR:		REPAIRED BY:		
MATERIALS ORDERED:	YES NO	EXPECTED DATE OF DELIVERY:		
	<u>DETAILED DE</u>	ESCRIPTION OF REPAIRS:		

REPAIRED BY (SIGNATURE)

\*\*\*\*SIGNATURES ARE REQUIRED\*\*\*\*

'1 -:- Capabon at 813-984-4603

Fax request to Alecia Canchon at 813-984-4603