Genesee Gateway Maintenance request form

THIS SECTION TO BE COMPLETED BY TENANT AND RETURNED VIA EMAIL GG@GENESEEGATEWAY.COM OR BY FAX 716-819-1202

Tenant: _____

Room no: _____

Nature of work required: _____

_____

_____

_____

_____

_____

Requested by: _____

_____

Contact details: Phone _____ **Email** _____

Date _____

THIS SECTION TO BE COMPLETED BY CITYVIEW CONSTRUCTION MANAGEMENT

Request received by: _____

Inspection / Validation by _____

Comments: _____

_____

Work assigned to: _____ **on date** _____

Completed on _____

Comments: _____

_____

Work order number: _____

Materials requisition number: _____

Approved by: (Name) _____