



www.pmstx.com  
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Office Hours: Monday – Friday 9:00 am – 5:00 pm  
Property Management: 210-662-6000  
Ext. 214 or 206  
Fax #210-661-5511

## REPAIR REQUEST FORM

DATE OF REQUEST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ HOME #: \_\_\_\_\_  
TENANT NAME (contact person)

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 PMSTX 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 \_\_\_\_\_