



Housing Authority and Urban Renewal  
Agency of Polk County

204 S.W. Walnut Avenue, Dallas, OR 97338

Phone (503) 623-8387 • Fax (503) 623-6907 • VRS (877) 326-3877

www.wvpha.org

# MAINTENANCE REQUEST

For Office Use Only:

Taken by: \_\_\_\_\_

W/O: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_ (Required if emergency.)

Name of Requestor: \_\_\_\_\_ Tenant: Y / N

If presenting on behalf of tenant, what is relationship to Tenant: \_\_\_\_\_ (Leave blank if tenant.)

Tenant Name: \_\_\_\_\_ (If same as requestor, leave blank.)

Property Address: \_\_\_\_\_ Unit # \_\_\_\_\_ (Put N/A if common area / grounds.)

Contact Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Pet(s) in Unit / On Premises: Y / N (If yes, pets must be under control while WVHA authorized personnel are performing their work.)

Permission to Enter: Y / N (If no, WVHA will need to provide appropriate notice for entry and the repair(s) will be delayed.)

Special Instruction(s): \_\_\_\_\_

**REPAIR(S) REQUESTED:** (Please provide as much, detailed information as you can (i.e. location, room, fixture, problem experienced, etcetera)).

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If the repairs necessary are due to my neglect or abuse, I understand I will be responsible for the cost(s) incurred to make the repair. I further understand permission to enter allows WVHA authorized personnel to make entry to my premises, at reasonable times, for up to seven (7) calendar days from the date of this request; unless the repairs, or inspections, are in progress and the WVHA is making a reasonable effort to complete the repair(s) in a timely manner.

\_\_\_\_\_  
Signature