



PATHWAY NON-PROFIT COMMUNITY DEVELOPMENTS INC. OF PEEL
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Maintenance Request Form

Your Building:

Date:

Residents Name:

Suite Number:

Your Request:

Authorization To Enter:

*Please Note: By making the above request and sending this form (hit submit button below) to us you (the tenant) agrees to allow entry into the unit in accordance with the Residential Tenancy Act.

To be completed by Pathway Personnel:

Received By:

Date Received :

Remedial Action:

Additional Information:

Charges

Hours: <input style="width: 50px;" type="text"/>	Total Labour: <input style="width: 50px;" type="text"/>	Resident Charges: <input type="checkbox"/> Yes <input type="checkbox"/> No
Rate: <input style="width: 50px;" type="text"/>	Total Material: <input style="width: 50px;" type="text"/>	<input type="checkbox"/> Description: <input style="width: 150px;" type="text"/>
	Total : <input style="width: 50px;" type="text"/>	<input type="checkbox"/> Charge as per Tenant Charge List: <input style="width: 50px;" type="text"/>
		<input type="checkbox"/> Charges to be established

Date :