

WORK ORDERS SHOULD BE COMPLETED AND GIVEN TO:

Odyssey Operating Company, LLC
PO Box 1081
Grand Marais, MN 55604
or On-Site Caretaker

MAINTENANCE REQUEST FORM

Please complete the following:

Date:	
Unit #:	
Resident Name:	
Phone:	
Email:	

The following maintenance items require attention *(Please be specific and provide full details of the maintenance issue)*

*****NOTE: Work Orders are completed based on priority & availability of parts/contractors*****

1)	
2)	
3)	

If repair is for an appliance, please complete the below:

MAKE:	BRAND:	MODEL:	GAS / ELECTRIC
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I authorize Maintenance/Contractors to use keys held by Odyssey Operating Company, LLC to gain access to the property, without the need for further notice to me.

I do not authorize Maintenance/Contractors to use keys to gain access to the property, please contact me to arrange access.

Resident Signature

Date

STAFF ONLY

Date Received: _____

Life/Safety Issue - High Priority