

Ludecke Property Mgmt Inc.
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MAINTENANCE REQUEST

BUILDING _____ UNIT # _____ DATE _____

NAME _____ BEST DAY TIME PHONE NO. _____

PERMISSION TO ENTER WITH KEY ___ YES ___ NO, MAKE APPOINTMENT _____

NATURE OF WORK TO BE DONE _____

**PLEASE HELP US KEEP OUR RECORDS CURRENT AND TAKE
A FEW MOMENTS TO UPDATE YOUR CONTACT INFORMATION**

CORRECT SPELLING FOR ALL TENANTS ON LEASE _____

HOME PHONE NUMBER _____

WORK PHONE NUMBER _____ NAME _____

WORK PHONE NUMBER _____ NAME _____

CELLULAR PHONE NUMBER _____ NAME _____

CELLULAR PHONE NUMBER _____ NAME _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE _____

ADDRESS _____ CITY, STATE _____