

Spring Valley Village
Resident Maintenance Request Form
(To be used *after* your sixty day work list is complete)

Mail to: P.O. Box 90 Spinnerstown, PA 18968

Today's Date _____

Your Name _____

Your Lot # _____ Telephone # _____

Address _____

BRIEFLY describe the nature of your request: _____

x _____ x _____ Date: _____
Resident Signature When Requesting Maintenance Resident Signature When Work Completed

FOR OFFICE USE ONLY

Received By: _____ Date: _____

Maintenance Staff _____

Work Completed: __/__/__

By: _____
Signature