



Control No. :

SERVICE MENU REQUEST FORM

APPLICANT NAME:		AGREED SCHEDULE	
<input type="checkbox"/> UNIT OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> SPA		DATE:	TIME:
TOWER AND UNIT NO.:		CONTACT NO.:	

WAIVER OF UNDERTAKING

I fully understand that the performance of work inside my unit by the property management staff is under my instruction and I have full knowledge that I have an option to get independent contractors to undertake such works. I shall not hold the Condominium Corporation, Property Management, or any of its staff liable for any damage that may be caused in the performance of or incidental to this service request.

Signature Over Printed Name
Applicant

SERVICE REQUESTED	SERVICE COST	QTY	RESPONSE DATE	TIME			REMARKS
				STARTED	COMPLETED	DURATION	

TOTAL COST → P

PAYMENT PREFERENCE

- For immediate payment/s: (Please pay directly to the Property Management Office)
OR No. : _____ Date of Payment: _____
- For deferred payment/s:
- The total amount due will be included in the Monthly Billing/Statement of Account (SOA) which is released every 15th of the month.

CUSTOMER FEEDBACK

QUALITY OF WORK Satisfied Not Satisfied
Remarks : _____

RESPONSE TIME Satisfied Not Satisfied
Remarks : _____

ATTENDING MAINTENANCE PERSONNEL: _____

CERTIFICATION OF WORK COMPLETION

ACKNOWLEDGED BY:

Signature Over Printed Name
Applicant

Date

Signature Over Printed Name
Property Manager / Engineer

Date