



KAW HOUSING AUTHORITY

#9 Kanza Lane / P.O. Box 371, Newkirk, OK 74647

Phone: (580)362-6264 / Fax (580)362-3986

MAINTENANCE REQUEST FORM

EMERGENCY: YES ___ NO ___

Date: _____ Unit # _____ (For Office Use)

Name: _____

Address: _____

Phone: _____

Description of Problem:

I understand that if the maintenance requested is not covered by the revised Maintenance Policy, I will be responsible for repayment of the maintenance costs. I will set up a re-payment schedule with Kaw Housing to repay the amount owed for the service conducted. I also understand that if the repayment schedule is not upheld, there will be a late fee penalty added and the total amount will be due in full. My failure to sign the request may delay service and will not excuse me from payment owed. I also understand that my failure to pay any amounts owed to Kaw Housing Authority will lead to legal action described in the Collection and Eviction Policy.

Signature

Date

(For Office Use)

Work Order Number: _____

PO#: _____

Kaw Housing Representative

Date

Maintenance Representative

Complete Date