

DEEP COVE VENTURES INC.
Property Management

PO Box 546
Shawnigan Lake BC V0R 2W0
Ph: 250.466.4899
dprocter@deepcoveventures.com

Oak Hill Apartments Maintenance Request Form

Name: _____
Address: 2425 Wark Street UNIT # _____
Phone Number: _____
Email: _____
Date: _____

If you are agreeable to the work being carried out without 24 hour notice of entry, which will increase the speed of the service we are able to provide, please indicate this below.

Please detail any customer service issues with your home that you would like our assistance with:

(Area, issue and concern required [ex. Kitchen cupboard, lower left of sink, loose when being opened])

1. _____
2. _____
3. _____
4. _____
5. _____

I consent to Deep Cove Ventures Inc., or their agents, completing the above noted work, without written 24 hour notice, in my absence:

Customer Signature (must be named Lessee of unit)

OR

I require 24 hour written notice for Deep Cove Ventures, or their agents, to schedule the above noted work in my absence:

Customer Signature (must be named Lessee of unit)