



Mercedes Homes Inc.

77 Bloor Street West, Suite #1410 • Toronto, ON • M5S 1M2
Tel 416-923-6230 • Fax 416-923-6398 • www.MercedesHomes.ca

REPAIR ORDER FORM

Name of Tenant: _____

Building Address: _____ **Apartment:** _____

Contact Numbers

Day: _____ Evening: _____ Cell: _____

I have a: Cat Dog Other: _____

Nature of Repair – please describe:

Right of Entry: Authorization to Enter by Tenant or Occupant:

I, the undersigned Tenant or Occupant, authorize Mercedes Homes Inc., their contractor or employees, following the issuance of a 24 hour notice, to enter the above noted suite to inspect and carry out the repairs as described above and requested by myself. I understand that the repairs will be carried out between the hours of 8:30 a.m. and 6:00 p.m., Monday to Friday. (In emergency situations, I authorize entry on weekends.) I also comprehend that the complexity of the repair may involve more than one visit.

Signature of Tenant or Occupant: _____

Date of Repair Report: _____

Time This Report Was Submitted to Office: a.m. ____ p.m. ____

*** PLEASE INSERT THIS FORM INTO THE OFFICE MAIL BOX ***

Office Use Only:

Date repair was completed: _____

Repair completed by: _____

What was done: _____

