

# Property Repair Form

TO: Property Manager

FROM: \_\_\_\_\_  
(Employee's Name)

DATE: \_\_\_\_\_

This is to verify that the equipment listed below is being repaired.

<u>Type of Equipment</u>	<u>Serial Number</u>	<u>Fixed Asset Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Equipment is being repaired by:

Vendor's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number

\_\_\_\_\_  
Signature of Individual receiving equipment.

\_\_\_\_\_  
Estimate date of return

\_\_\_\_\_

Date returned

File this form with the property manager upon having equipment repaired. Retain a copy for your files until such equipment has been returned to you.