



REPAIR REQUEST FORM

TENANT NAME: _____

BUILDING ADDRESS: _____ APT #: _____

DAY TIME TEL. #: _____ EVENING TEL. #: _____

I AM REQUESTING TO HAVE THE FOLLOWING ITEM(S) REPAIRED IN MY APARTMENT:
(PLEASE NOTE THAT YOUR REPAIR DESCRIPTION MUST INCLUDE LOCATION OF NEEDED REPAIR AND A DETAILED REPAIR DESCRIPTION. FOR EXAMPLE: IN THE MASTER BEDROOM, THE ELECTRICAL OUTLET ON THE FAR RIGHT SIDE OF THE BEDROOM AS YOU ENTER DOES NOT WORK PROPERLY. THERE APPEARS TO BE NO ELECTRICAL CURRENT.)

1. _____

2. _____

PLEASE NOTE THAT YOUR REPAIR REQUEST WILL BE SCHEDULED ON THE **NEXT AVAILABLE WEEKDAY** BETWEEN THE HOURS OF 8:30AM TO 5:00PM UNLESS IT IS AN EMERGENCY IN WHICH CASE YOU SHOULD CALL THIS OFFICE IMMEDIATELY AT (212) 994-2202. OUR OFFICE WILL CONTACT YOU SHORTLY TO SCHEDULE AN APPOINTMENT. YOU MAY ALSO INFORM US OF THREE WEEKDAYS IN THE SPACES PROVIDED BELOW THAT YOU ARE AVAILABLE TO BE HOME (PLEASE NOTE THAT SUCH WEEKDAYS MUST BE AT LEAST ONE WEEK FROM THE DATE THIS REQUEST FORM IS RECEIVED BY YUCO MANAGEMENT, INC.):

1. _____
2. _____
3. _____

I UNDERSTAND THAT I AM SOLELY RESPONSIBLE FOR ADEQUATELY PROTECTING AND SECURING ALL FURNITURE, FURNISHINGS, EQUIPMENT, CLOTHING AND ALL OF MY OTHER PERSONAL PROPERTY FROM ANY LOSS OR DAMAGE ARISING OUT OF THE REPAIR WORK TO BE PERFORMED IN MY APARTMENT, EXCEPT SOLELY FOR SUCH LOSS OR DAMAGE CAUSED SOLELY BY THE GROSS NEGLIGENCE OR WILFUL MISCONDUCT OF THE OWNER’S CONTRACTOR(S) PERFORMING SUCH WORK.

I AGREE TO AND UNDERSTAND THE CONTENTS OF THIS FORM.

TENANT’S SIGNATURE: _____

PRINT NAME: _____ DATE: _____

***ALL REPAIR REQUESTS MUST BE MAILED OR FAXED OR EMAILED TO:
YUCO MANAGEMENT, INC.
200 PARK AVENUE, 11TH FLOOR
NEW YORK, NEW YORK 10166
FAX # (212) 994-2250
EMAIL: repairs@yucoinc.com***

PLEASE NOTE THAT ALL REPAIR REQUESTS WILL BE SCHEDULED AND COMPLETED PROMPTLY PROVIDED SUCH REQUEST IS WARRANTED UNDER YOUR LEASE AND IN ACCORDANCE WITH RENT STABILIZATION REGULATIONS, IF APPLICABLE.