

WATER LEAK REPAIRS



\*PICTURES OF AREA(S) IN NEED OF REPAIR(S) MUST BE ATTACHED\*

Send All Pictures by Email

Date: \_\_\_\_\_
Property: \_\_\_\_\_
Address: \_\_\_\_\_

Maintenance: \_\_\_\_\_
Contact Name: \_\_\_\_\_
Contact Phone: \_\_\_\_\_
Office hours: \_\_\_\_\_

Bldg \_\_\_\_\_ Unit \_\_\_\_\_
Bldg \_\_\_\_\_ Unit \_\_\_\_\_
Bldg \_\_\_\_\_ Unit \_\_\_\_\_
Bldg \_\_\_\_\_ Unit \_\_\_\_\_
Bldg \_\_\_\_\_ Unit \_\_\_\_\_

TYPE OF LEAK:

HVAC \_\_\_\_\_
Plumbing \_\_\_\_\_
Roof Leak \_\_\_\_\_
Fire Sprinkler \_\_\_\_\_

Water Shut Off: YES NO
Under Warranty: YES NO

How was the cause of the leak determined? Explain.

\_\_\_\_\_

What action has been taken to avoid further damages? Explain.

\_\_\_\_\_

What action(s) have been taken to resolve the matter? Explain.

\_\_\_\_\_

What is needed to resolve the issue(s)? Explain.

\_\_\_\_\_

SUBCONTRACTOR CONTACTED TO RESOLVE MATTER: (HOW WERE THEY CONTACTED?)

COMPANY NAME: \_\_\_\_\_
CONTACT NAME: \_\_\_\_\_
DATE OF REPAIR: \_\_\_\_\_
TIME: \_\_\_\_\_

CONTACT PH #: \_\_\_\_\_
CONTACTED BY: PHONE FAX EMAIL
REPAIRED BY: \_\_\_\_\_

Who did you discuss the issue with and what was said?

\_\_\_\_\_

DESCRIPTION OF REPAIR(S)/REPLACEMENT(S):

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

REPAIRED BY (SIGNATURE)

DATE OF REPAIR

Please fax completed form to 407-804-2655 or email to warrantyandrepairs@firstflorida.com.