

St. Clair County Community Mental Health
Maintenance/Repair Request

Facility: _____ Date: _____

Request Type: Emergency/Safety Routine Major Repair Special Needs

Describe/list specific work to be done: _____

Building Representative/Requester: _____

(This section to be completed by the lease manager/designee)

Required by: Bldg Code/Zoning DCIS Fire Marshal
 CARF Other _____

Work to be completed by: Landlord CMH Maintenance Vendor _____

Action Taken: _____

Date of completion: _____ Bill submitted to: _____

- Recommended Time Frames -

EMERGENCY: Within 24 hrs

ROUTINE: 15-30 days

MAJOR REPAIR: 90-180 days

**RENOVATIONS/
SPECIAL NEEDS:** As necessary

Original: To lease file once completed