



# 三藩市房屋署 AMP手寫要求維修服務表\_\_\_\_\_

申請日期: \_\_\_\_\_

住客姓名: \_\_\_\_\_

住客地址: \_\_\_\_\_

\_\_\_\_\_

描寫要求維修的問題: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

允許進入住宅:

只限辦事處填寫

Work order #: \_\_\_\_\_

Craft assigned to: \_\_\_\_\_

Description of Work: \_\_\_\_\_  
 \_\_\_\_\_

Date Completed: \_\_\_\_\_

Hours: \_\_\_\_\_ Service: \_\_\_\_\_ Status: \_\_\_\_\_

Materials: \_\_\_\_\_

Do all smoke detectors work: \_\_\_\_\_ Extermination needed: \_\_\_\_\_

Craft signature: \_\_\_\_\_ Manager signature: \_\_\_\_\_