**[NAME OF APT COMPLEX]**

**MAINTENANCE REQUEST FORM**

Given the recent COVID-19 outbreak across the globe and in the United States, I understand that APARTMENT COMPLEX has changed its maintenance request policy. I understand that any representations made by me in signing this form will be treated in the same manner as representations made on a rental application. I understand that providing false information on this form may result in eviction.

At this time, I wish to submit a maintenance request for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In submitting this request, I hereby certify that:

1. I have not been diagnosed with COVID-19;
2. I have not been physically present with or in close proximity to any who has been diagnosed with COVID-19 in the last fourteen (14) days; and
3. I have not traveled to any countries designated as a Level 2 or 3 risk for COVID-19 transmission by the Centers for Disease Control and Prevention. Countries that are designated as a Level 2 or 3 risk country by the CDC include: South Korea, China, Iran, Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City, United Kingdom, Ireland, and Japan.

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RESIDENT DATE

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RESIDENT DATE

Approved by:

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MANAGEMENT DATE