

# Roof Leak Repair Request

Please fax to TY Commercial Group at 214-203-0380

DATE : _____
PROPERTY : _____
SUITE : _____
CONTACT : _____
PHONE : _____
OFFICE CONTACT : _____

Description and location of leak:

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<b>Sketch of suite showing approximate location of leak(s):</b>	A roof contractor will be dispatched as soon as our office receives this signed form. If this is an after-hours emergency, please follow the telephone directions at 972-386-6662. By requesting this roof repair it is understood if the roof leak is related to improper care and maintenance of your HVAC unit, Tenant will be responsible for the cost of the repair to the roof and will be billed for the cost. Please keep all documentation and proof of HVAC maintenance available for the Landlord.
	<b>Authorized Signature (Required)</b>
	<b>Dispatch Date:</b>
	<b>Company:</b>
	<b>Completion Date:</b>