

St. Clair County Community Mental Health Authority  
**Maintenance/Repair Request**

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Facility: \_\_\_\_\_ Date: \_\_\_\_\_

Request Type: ☐ Emergency/Safety ☐ Routine ☐ Major Repair ☐ Special Needs

Describe/list specific work to be done: \_\_\_\_\_

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Building Representative/Requester: \_\_\_\_\_

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***(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: \_\_\_\_\_

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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