Kettlebeck

Homecare Request Form

Quality commitment

We're committed to providing our tenants with the highest quality living experience. That's why we invite you to share any concerns relating to the construction of your unit in the enclosed checklist. Please submit this completed form digitally to care@kettlebeck.com within the first 30 days of your lease.

Unit Idnetification Information

Date of Possession (YYYY/MM/DD) _____

Civic Address (address of the unit you are leasing)

_____	_____	_____
Street Number	Street Name	Suite No.
_____	_____	_____
City / Town	Postal Code	Property/Project Name *(if applicable)*

Contact Information Of Tenant(s)

_____	_____
Tenant's Name	Tenant's Name *(only fill this column if applicable)*
_____	_____
Daytime Phone	Daytime Phone
_____	_____
Evening Phone	Evening Phone
_____	_____
Email Address	Email Address

Mailing Address For Correspondence To Homeowner(s) *(if different from above)*

_____   _____   _____

Street Number   Street Name   Suite No.

_____   _____   _____

City / Town   Postal Code   Province/Country

List all construction-related deficiencies in the table below. If you require more space, please make copies of this page, number them, and merge them into a single pdf document emailed to care@kettlebeck.com

Bathroom(s)

_____

_____

_____

_____

Bedroom(s)

_____

_____

_____

_____

Den/Study

_____

_____

_____

Great/Grand/Family Room

_____

_____

_____

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List all construction-related deficiencies in the table below. If you require more space, please make copies of this page, number them, and merge them into a single pdf document emailed to care@kettlebeck.com

Kitchen

Hallways

Other

Other

Other

Other