

FORT KNOX PROPERTY MANAGEMENT, LLC

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VENDOR REPORT

Date of request		Priority	<input type="checkbox"/> Normal	<input type="checkbox"/> Urgent
Address				
City		Tenant		Wk #
		Tenant		Wk #
Work Order #		Home #		
Repair Limit:	<input type="checkbox"/> Normal	<input type="checkbox"/> Must Call	Mobile #	
Work Completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If not, list why below:	
Tenant cooperative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please explain below:	
Tenant satisfied	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please explain below:	
Please list anything noted at property of concern below:				

**Thank you for submitting your report - we appreciate your assistance**  
**PLEASE ATTACH YOUR VENDOR BILLING WITH THIS REPORT**