FIXTURE INSTALLATION REQUEST

QeenšUnivity – CommuitHoing 169 UnivitAv., Kington, ON K7L 3N6 Commuithoing@eensta

Check all fixtures you are requesting to be installed. Quantity Approve				
	Bidet (please provide make of fixture)			
	Shower Head			
	Water Filter			

The Tenant(s) acknowledges and agrees to the following:

- 1. Submison of histom doe s notconstapemison;
- 2 No fixtures oheman hos poided by Qeen's CommtP & MCITc 0.Tw/)TTj0.018Tweaoingj0.027 Tw(Q))/TT1 9 Tf0 T27 Tc 0.0wQae0.036 Tw/

UNIT ADDRESS		EMAIL ADDRESS	EMAIL ADDRESS		
Tenant Name (please print)		-			
Tenant Signature			Date		
OFFICE USE ONLY					
Date Received	Received By	Approved?	Approval Date		
Approval Comments					
Date Tenant Notified of Approval	MaintenanceRequest #	Amount to be Invoiced (if a	applicable) YARDI Updated?		