

## OREGON 24-HOUR NOTICE INSPECTION/MAINTENANCE



Form M013 OR Copyright © 2023 Multifamily NW\*: NOT TO BE REPRODUCED WITHOUT WRITTEN PERMISSION. Revised 5/18/2023.

|      | DATE   | PROPERTY NAME / NUM                | 1BER                   |                                   |                          |                                     |
|------|--|------------------------------------|------------------------|-----------------------------------|--------------------------|-------------------------------------|
|      | RESIDENT NAME(S)   |                                    |                        |                                   |                          |                                     |
|      |  |                                    | also                   | all other Occupants or per        | sons unknown claiming an | y right or interest in the Premises |
|      | UNIT NUMBER  | STREET ADDRESS                     |                        |                                   |                          |                                     |
|      | CITY   |                                    |                        | STATE                             | ZIP                      |                                     |
|      |  |                                    |                        |                                   |                          |                                     |
| ИPLE | Pursuant to Oregon Landlord/Tenant law, THIS IS TO NOTIFY YOU THAT ENTRY TO YOUR UNIT WILL BE MADE DURING REASONABLE   |                                    |                        |                                   |                          |                                     |
|      | TIMES: Starting on   | SAMPLE at SAMF                     |                        | ill be completed by _             | SAMPLE at _              | SAMPLE<br>TIME (am / pm)            |
| MPLE | X To inspect the ur  | nit. X For maintenance o           | f:                     |                                   |                          |                                     |
|      | SAMPLE   |                                    |                        |                                   |                          |                                     |
|      |  |                                    |                        |                                   |                          |                                     |
|      |  |                                    |                        |                                   |                          |                                     |
|      | by SAMPLE  |                                    |                        |                                   | (company or individual's | s name).                            |
|      | X To exhibit unit to   | prospective or actual purcha       | isers, mortgagees, o   | r residents.                      |                          |                                     |
|      | The above is authorized I  | by Owner/Agent to enter upon       | demand or in Reside    | nt's absence for inspe            | ection or until the repa | ir/maintenance is complete          |
|      | During all properly noticed  | entries, Resident shall keep all a | nimals under control o | r remove from the unit.           |                          |                                     |
| IPLE | Actual notice of the pro   | posed entry has been given         | Resident as follows:   | SAMPLE                            |                          |                                     |
|      | ▼ Verbally to Resident Technology     ▼ Verbally to Resident | 0.11151.5                          | CAMPLE                 | or                                |                          |                                     |
|      | X Left message on  | Resident's answering mach          | ine at SAMPLE          | on SAMPL                          | E or                     |                                     |
|      | X Notice posted on   | n door of unit atSAMPL             |                        |                                   |                          |                                     |
|      |  | Resident by first class mail of    | SAMPLE                 | :<br>_ (add 3 days for mailing on | ly) or                   |                                     |
|      |  | other method allowed by writ       | DATE                   | at SAMPLE                         | on SAMPLE                |                                     |
|      | Identify method:   |                                    |                        | TIME (am / pm)                    | DATE                     |                                     |
|      | identity method.   |                                    |                        |                                   |                          |                                     |
|      | SAMPI  |                                    |                        | SAMPLE                            |                          | SAMPLE                              |
|      | THANK YOU FOR YOU  | R COOPERATION                      | OWNER/AGENT            | X                                 |                          |                                     |
|      |  |                                    | ADDRESS                |                                   |                          |                                     |
|      |  |                                    | ADDRESS                | SAMPLE                            |                          |                                     |
|      |  |                                    | ADDRESS                | SAMPLE                            |                          |                                     |
|      |  |                                    | TELEPHONE              |                                   |                          |                                     |
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|      |  |                                    | TELEPHONE              |                                   |                          |                                     |