KING OF PRUSSIA MALL
SHORT TERM LEASING PROGRAM

Cart/Kiosk
Maintenance & Repair Request Form

[Instructions: Please complete this form and return it to the Mall Management Office on the Upper Level of the Plaza.]

Date: _____ **Cart or Kiosk Name: _____**

Location/Space No. _____ **Plaza _____** **Court____** **Pavilion ____**

Contact Person: _____ **Phone: _____**

Description of maintenance or repair needed (BE SPECIFIC):

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Management Approval: _____ Date: _____ **Work Completed by: _____ Date: _____**

☐ **To Tenant File**

Form Revised
1/14/05