



WORK ORDER REQUEST FORM

IF THIS REQUEST IS NOT SIGNED, REPAIRS WILL NOT BE DONE.

I UNDERSTAND THAT DAMAGE CAUSED TO THE RENTAL PROPERTY BY ME, MY GUEST OR ANOTHER PERSON LIVING IN MY UNIT WILL BE CHARGED TO ME.

DATE: _____ UNIT: _____

MEMBERS NAME : _____

PHONE CONTACT: Home/Cell: _____ Work: _____

Permission to Enter: YES _____ NO _____

Entry Issues: (Pet, etc.) _____

BATHROOM	LIVING ROOM	KITCHEN	BEDROOM
SINK	LIGHT FIXTURE/SWITCH	LIGHT FIXTURE/SWITCH	LIGHT FIXTURE/SWITCH
BATHTUB	LOCKS	FRIDGE/FREEZER	CLOSET
TOILET	LIGHT SWITCH	STOVE BURNERS	DOORS/WINDOWS
LIGHT	WINDOWS/DOORS	OVEN	
DRAIN		SINK	
ELECTRICAL PLUGS	ELECTRICAL PLUGS	ELECTRICAL PLUGS	ELECTRICAL PLUGS

PROBLEM REQUIRING ATTENTION (not the solution)

*****Please give a DETAILED explanation and location*****

MEMBER SIGNATURE: _____

OFFICE USE ONLY

DATE RECEIVED: _____ DATE COMPLETED: _____

WORK COMPLETED:

PARTS USED:

COSTS INVOLVED:

TIME:

ATTACH RECEIPTS

CHARGEBACK REQUIRED: YES _____ NO _____

SIGNATURE OF CONTRACTOR: _____ DATE: _____