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SUBJECT: WORK ORDER PROCEDURE

AMENDMENT NO.: #

SECTION: Procedures  
Maintenance

DATE APPROVED: Date

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WORK REQUEST FORM

Please complete and give to your Block representative

Name:

Date:

Unit:

Telephones: \_\_\_\_\_ (H)

\_\_\_\_\_ (W)

Description and Location of Work to be Done: \_\_\_\_\_

Please print legibly and be as specific as possible.

- If provided with the materials and/or tools, would you be willing to carry out the repair yourself?

Yes

No \_\_\_\_\_

- May the repair person enter your unit in the event that you are not home?

Yes

No \_\_\_\_\_

- When is the best time to reach you by telephone to arrange an appointment to carry out the repair?

Member's Signature: \_\_\_\_\_