the ALEXANDRA PARK CO-OPerative

MAINTENANCE WORK REQUEST

Work Requested By: _____

Address: _____ Date: _____

Phone (Home) _____ (work) _____

WORK TO BE DONE (Please print legibly and be as specific as possible) IS THIS URGENT? YES ❑ NO ❑

_____

_____

_____

_____

_____

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_____

If provided the materials and/or tools are you willing to do the work yourself? YES ❑ NO ❑

I hereby authorize the Co-op Co-ordinator or Repairman to enter my unit in the event that I am not at home.

Signature: _____

- APPLIANCES ❑
- CABLE ❑
- CARPENTRY ❑
- DRY WALL ❑
- ELECTRICAL ❑
- EQUIPMENT ❑
- EXTERIOR ❑
- FLOORS ❑
- HARDWARE ❑
- HEATING ❑
- MISC. ❑
- PAINTING ❑
- PLASTER ❑
- PLUMBING ❑
- SCREENS ❑
- WINDOWS ❑

FOR OFFICE USE / work completed

_____

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_____

work deferred / reason(s)

_____

_____

_____

date work completed

_____ date

_____ signature

unit number