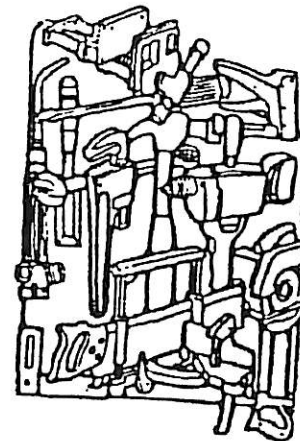




**ROSSLAND RIDGE**  
**Co-operative Homes Inc.**



**WORK REQUEST FORM**

Maintenance Committee

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date: \_\_\_\_\_ Unit: \_\_\_\_\_

**Description of Work To Be Done:**

Please print legibly and be specific as possible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

NO \_\_\_\_\_ YES \_\_\_\_\_ Instruction required? \_\_\_\_\_

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

NO \_\_\_\_\_ YES \_\_\_\_\_

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

\_\_\_\_\_

*\*Please deliver this form to the Work Order Coordinator or the Co-op Coordinator.*  
Thank you for your cooperation. If you do not receive a reply within two weeks please contact the Maintenance Work Order Coordinator.

Signature: \_\_\_\_\_