

Main-Gerrard Community Development Co-op. Inc.

MAINTENANCE WORK ORDER

Member Name (Please print):	
Unit #	
Date:	
Phone #:	
E-Mail address:	

WORK TO BE DONE

PLEASE CHECK ONE OF THE CHOICES BELOW	SIGNATURE
<input type="checkbox"/> YOU HAVE PERMISSION TO ENTER	
<input type="checkbox"/> PLEASE CALL FIRST, BUT IF NO ANSWER, GO AHEAD AND DO THE REPAIR.	
<input type="checkbox"/> I WOULD LIKE TO BE THERE WHEN YOU DO THE WORK, SO CALL TO ARRANGE ENTRY PLEASE. THIS COULD RESULT IN IT TAKING A LONG TIME TO GET THE WORK DONE.	

STAFF ONLY AREA....
Work Assigned to:
Date Completed:
Report on details:

Staff area only. Please do not write here.

Work order number _____ Split work order
Source of work _____ Priority _____

Work Done

Description _____

Date completed _____ Completed by _____
Category _____ Subcategory _____
Materials used _____
Labour time _____ Materials cost _____ Charge back

Additional notes

Split work order number _____
Description _____

Date completed _____ Completed by _____
Category _____ Subcategory _____
Materials used _____
Labour time _____ Materials cost _____ Charge back

Additional notes

