



# COMMUNITYWORKS NON-PROFIT HOUSING CORPORATION

DATE:    /    /      
          D   M   Y

UNIT # \_\_\_\_\_  
PHASE 1

## REQUEST FOR MAINTENANCE REPAIRS

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DESCRIPTION OF MAINTENANCE REPAIR(S):

**COMMENTS**  
(Office use only)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PERMISSION TO ENTER APARTMENT (SIGN ONE OF THE FOLLOWING)

I give permission to Communityworks Non Profit Housing Corporation to have the Maintenance staff enter my Unit in my absence for the purpose of attending to the above mentioned problem(s). Work will occur between 8:00 a.m. and 4:00 p.m.

Signed: \_\_\_\_\_

**OR**

I DO NOT give permission to Communityworks Non Profit Housing Corporation to enter my Unit in my absence. I am available at the following day/time to be present while the Maintenance staff attends to the above mentioned problem(s).

Day & Time Available: \_\_\_\_\_  
(Thursday only between 8:00 a.m. and 4:00 p.m.)

### PLEASE SUBMIT THIS WORK REQUEST FORM TO THE OFFICE

For Office Use: Date Rec'd: \_\_\_\_\_ Work Completed: \_\_\_\_\_

Tenant(s) Signature – Work Completed: \_\_\_\_\_ Tenant Not Home: \_\_\_\_\_

Work Order # \_\_\_\_\_

**COMPLETION INFORMATION (Office use only)**

Completed Remarks:

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Materials Used:

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**WORK ORDER COSTS**

Approximate Material Cost: \_\_\_\_\_

Approximate Labour Cost: \_\_\_\_\_

Labour Time: \_\_\_\_\_

Should Resident Pay: Y / N (circle one)

Bill Amount: \_\_\_\_\_

Worker's Signature: \_\_\_\_\_