

## WORK ORDER: MAINTENANCE/REPAIR REQUEST FORM

All maintenance/repair requests must be in writing and delivered to the Office or to an authorized company representative. This form must be completed each time something in your home needs repair or replacement. **No work will be done until this form is received by our office.** You may also use our on-line form to submit a work order at [www.331oak.com](http://www.331oak.com).

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

- I am renting this property.
- I own this property.
- I am renting to own this property and this request  **is**  **is not covered** under a 60 day limited warranty.
- If I am responsible for any material or labor cost for this request, please alert me before the work is performed if the estimated cost is greater than \$\_\_\_\_\_.

|                          | Problem/Work Required | # Hours | Materials Used |
|--------------------------|-----------------------|---------|----------------|
| <input type="checkbox"/> |                       |         |                |
| <input type="checkbox"/> |                       |         |                |
| <input type="checkbox"/> |                       |         |                |
| <input type="checkbox"/> |                       |         |                |
| <input type="checkbox"/> |                       |         |                |
| <input type="checkbox"/> |                       |         |                |
| <input type="checkbox"/> |                       |         |                |
| <input type="checkbox"/> |                       |         |                |
| <input type="checkbox"/> |                       |         |                |

**I understand that maintenance will enter my home to make the necessary repairs if I am not present.**

\_\_\_\_\_  
Resident's Printed Name

\_\_\_\_\_  
Resident's Signature

The maintenance/repair items checked off above have been performed satisfactorily.

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE**

Notes: \_\_\_\_\_  
\_\_\_\_\_

Date Completed: \_\_\_\_\_ Completed by: \_\_\_\_\_

Assigned to: \_\_\_\_\_ Logged by: \_\_\_\_\_ Billable?  yes  no