

Milliken Co-operative Homes Inc.
MAINTENANCE WORK ORDER

Unit Number: _____
Street address and unit number

Date: _____

Member: _____

Phone No: _____

Work Requested by: _____

BY SUBMITTING THIS WORK ORDER YOU ARE ALLOWING PERMISSION TO ENTER YOUR UNIT _____

Member initial

WORK TO BE DONE – PLEASE EXPLAIN IN DETAIL

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FOR OFFICE USE ONLY

Charge to Member: Yes _____ No _____ Date: _____

Paid by Member Date: _____