**Milliken Co-operative Homes Inc.**

**MAINTENANCE WORK ORDER**

Date: Click here to enter a date.

Unit Number: Click here to enter unit number.

Street address: Click here to enter street address.

Member: Click here to enter name. Phone No: Click here to enter phone number.

Work Requested by: Click here to enter name of person requesting work.

**BY SUBMITTING THIS WORK ORDER YOU ARE ALLOWING PERMISSION TO ENTER YOUR UNIT** Check this box

**WORK TO BE DONE – PLEASE EXPLAIN IN DETAIL**

Enter details of work to be done here. Please explain in detail so we can be better prepared when attending your unit.

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**FOR OFFICE USE ONLY**

**Charge to Member: Yes\_\_\_\_\_ No\_\_\_\_\_** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paid by Member Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_