



RAMER'S WOOD CO-OPERATIVE
MAINTENANCE REQUEST FORM

PHONE No _____

FOR OFFICE USE ONLY:

Date: _____
Permission To Enter: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Call First <input type="checkbox"/>
Emergency <input type="checkbox"/>
Received by: _____

NAME: _____ DATE: _____ UNIT # _____

PROBLEM/WORK REQUESTED (PLEASE PRINT LEGIBLY): _____

WHEN DID YOU FIRST NOTICE THIS PROBLEM?: _____

EMERGENCY: _____ NON-EMERGENCY: _____

IF PROVIDED THE MATERIALS AND/OR TOOLS ARE YOU ABLE TO MAKE THE REPAIR YOURSELF? YES _____ NO _____

DO YOU GIVE AUTHORIZATION FOR THE MAINTENANCE PERSON TO ENTER YOUR HOME TO DO THE REPAIRS, IN THE EVENT YOU ARE NOT AT HOME? YES: _____ NO: _____ PLEASE CALL FIRST: _____ SIGNATURE: _____

(if you say no to the authorization, no one will come in to do the work).

WORK CONTRACTED OUT	
WORK CONTRACTED TO: _____	
PURCHASE ORDER #: _____	
AUTHORIZING SIGNATURE: _____	
QUOTED PRICE: _____	
TERMS: _____	
CONTRACTOR'S SIGNATURE: _____	
PAYMENT APPROVED: _____	

WORK ASSIGNED TO CO-OP STAFF OR VOLUNTEER	
WORK ASSIGNED TO: _____	
REMARKS: _____	
TIME TAKEN: _____	

MATERIALS USED	PRICE

CHARGE TO: _____ ACCOUNT: _____ AMOUNT: _____

CHARGE TO MEMBER DATE: _____ PAID BY MEMBER DATE: _____

_____ \$ _____
_____ \$ _____
_____ \$ _____

MATERIAL COSTS: \$ _____
LABOUR COST: \$ _____
TOTAL: \$ _____