

TEMPORARY WORK ORDER

PROPERTY NAME _____

DATE _____

RESIDENT NAME _____

PHONE # _____

APARTMENT ADDRESS & # _____

STAFF TAKEN BY _____

PERMISSION TO ENTER: Yes / No (Circle One)

Description of work needed: _____

Other maintenance performed: _____

Was management contacted? Yes / No (Circle One)

Total time: _____ **Charges for services:** _____

Work completed by: _____ **Date:** _____