

## Caroline Co-op Maintenance Request Form

Name:	Date:
Address:	Unit:
Phone number:	
Email address:	
Description of maintenance or repair needed:	
<p>I give my permission for the work to be done in my absence, and for my unit to be entered when I may not be home in order for this work to be done. Any external tradesperson will be accompanied by a member of the Co-op Board. A minimum of 24 hours' notice will be provided before entering the unit, except in the case of an emergency.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No    Member's signature: _____</p>	

## Co-op Board Use Only

Received by:	Date:
Work order # assigned:	
Priority:	
<input type="checkbox"/> Priority 1 - Health and Safety <input type="checkbox"/> Priority 2 - Plumbing/Electrical Major <input type="checkbox"/> Priority 3 - Structural Damage	<input type="checkbox"/> Priority 4 - Plumbing/Electrical Minor <input type="checkbox"/> Priority 5 - Minor Repairs of Unit Components <input type="checkbox"/> Priority 6 - Cosmetic Repairs
Work details:	
Date work started:	Date work completed:
Unit Entry: <input type="checkbox"/> Co-op member at home <input type="checkbox"/> Co-op member not at home <input type="checkbox"/> Emergency	
Should the member pay for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the work require an outside contractor to be completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If external, copy of invoices attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If in-house, copy of receipts attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If the work was done in-house, list the materials needed to complete the work and attach receipts to this form:

---

---

---

---

Total charge to member, if any:

***Please attach all invoices and receipts and submit this form to the Treasurer.***