
BEECHWOOD CO-OP. HOMES

WORK ORDER REQUEST

Name: _____ Unit # _____ Date: _____

Select the room in which the problem is located:

- | | |
|--|---|
| <input type="checkbox"/> Front Entry | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Powder Room | <input type="checkbox"/> Exterior (Rear) |
| <input type="checkbox"/> Living Room | <input type="checkbox"/> Hallway (downstairs) |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Stairs |
| <input type="checkbox"/> Main Bathroom | <input type="checkbox"/> Dining Room |
| <input type="checkbox"/> Bedroom 1 | <input type="checkbox"/> Hallway (upstairs) |
| <input type="checkbox"/> Bedroom 2 | <input type="checkbox"/> Rec. Room |
| <input type="checkbox"/> Bedroom 3 | <input type="checkbox"/> Basement |
| <input type="checkbox"/> Bedroom 4 | <input type="checkbox"/> Exterior (front) |
| <input type="checkbox"/> Laundry Room | <input type="checkbox"/> Other |

Describe the problem & any attempts at remedies you have tried:

May a co-op representative enter your unit if you are not home to check the problem or do the repair.

Please check one: YES NO -- If NO, please state the best date/time to come: _____
at/between _____ AM/PM

For office use only:

Date approved by board: _____ Director Signature: _____

Contractor Booked: _____ Director Signature: _____

Date: _____

Time: _____

Responsible for charges: MEMBER CO-OP