



Cambridge New Hope Housing Co-operative
 111 Woodside Ave, Cambridge, ON, N1S 4T3
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 cnhcoop@gmail.com

Work Order
 Number

White Copy - Co-op Copy
 Yellow Copy - Member Copy
 Pink Copy - Maintenance Record Copy
 Gold Copy - Member Feedback Copy

MAINTENANCE REQUEST FORM

Please complete and **return all copies** to the Co-op office. The Co-op will acknowledge receipt of your work order within 1 business day of receipt with a signed copy. Once the maintenance work is complete the Co-op will send you a completed copy for your feedback.

Name: **Unit:** **Phone:** **Date:**

Please describe the repair request. Please use multiple Maintenance Request Forms for multiple repair requests.

By signing the form you allow the Co-op permission to enter your unit, to repair the item(s) detailed on Maintenance Request Form.
 If you do not sign the permission form, the Co-op will enter your unit after providing you 24 hours written notice.

_____ Member Signature

For Office Use Only

The Co-op acknowledges receipt of the Maintenance Request Form

_____ Staff Initials

_____ Date

REF Number

Maintenance Work Summary:

Electrical _____

Plumbing _____

Gas/Heat _____

Capital _____

Other _____

Please Specify

Date inspected:

Does the work require parts to be ordered:

Yes No

Date completed:

Work completed by:

Feedback by Member

The work request has been completed Yes No

If 'No' please describe why it is not complete: _____

Please note, that if you do not return the form with feedback within 7 days of being sent by the Co-op, this work request will be deemed complete and closed.

For Office Use Only

Date Form Sent for Feedback to Member

Date Returned from Member

Was follow up required? No Yes

Number of follow up work order request form