

# EVE CONDOMINIUM

## WORK ORDER

PROPERTY ADDRESS 3515 KARINA DR. SUITE NO. 212

NAME LINDA GLORIANI  
(Tenant ☐ / Owner ☒) please check one

HOME PHONE (905) 270 8814 BUS PHONE                     

CELL                     

NATURE OF REQUEST Thermostat control does not  
work stays @ 59°

I wish to have the above noted repairs/maintenance work attended to and I hereby authorize Management or any agent of the Corporation to enter my unit and if necessary more than one visit required for completing the work. By signing this form provide the Management Office full access to my suite.

I also understand if the required repairs and or maintenance are the responsibilities of the unit owner as described in the Declaration and or in the Bylaws, I shall reimburse without delay the Corporation in full the cost of the repairs.

Owner's/Tenant's Signature Linda Gloriani DATE 1/20/2009

## FOR MANAGEMENT OFFICE USE

DATE INSPECTED                      PROBLEM LOCATION                     

RECOMMENDED ACTION: completed  
on Jan 21/09

PURCHASE ORDER#                      INSURANCE CLAIM YES ☐ NO ☐

OWNER/TENANT TO BE INVOICED YES ☐ NO ☐

AUTHORIZED SIGNATURE                     

Completed by Superintendent                      by Contractor                     

Date:                      SIGNATURE: