EVE CONDOMINIUM

WORK ORDER

PROPERTY ADDRESS 3515 Kak	149 B1 SUITE NO. 3/5
NAME /9502/ Gah UN19 (Tenant/Owner) please check one	
HOME PHONE 905-450-1392 BUS PHONE 905-206-5138	
CELL 905-78/-0370	
NATURE OF REQUEST Heat not circulating	
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 as Sa.	Klenia DATE 6/2/09
FOR MANAGEMENT OFFICE USE	
DATE INSPECTED	PROBLEM LOCATION
RECOMMENDED ACTION:	
PURCHASE ORDER#	_INSURANCE CLAIM YESNO
OWNER/TENANT TO BE INVOICED	YES NO
AUTHORIZED SIGNATURE	
Completed by Superintendent	by Contractor
Date:	SIGNATURE: