

Brantford Native Housing
318 Colborne Street E
Brantford ON N3S 3M9

Work Order

Date Reported:	Reported By:	Status:
Work Location: Brantford ON Unit:	Due Date:	Permission to Enter:
Work Order Type:	Contact Type:	Contact #:
Priority:		
Description:		

Task Information

Task	Issued To:		
Date Scheduled:	Date Completed:		
Action Required:	Work Category:		
Action Taken:			
Materials / Parts Information	Quantity:	Cost:	Total Cost:
Labour Information	Quantity:	Cost:	Total Cost:

Please note: A flat fee of \$50.00 will be charged to tenants for "locked out" service calls after regular business hours (unless otherwise specified in your lease agreement).

Tenant Waiver: I agree that if the above work order is found to be caused by damage or negligence of my doing, I shall be responsible for the cost of materials and labour.

IF VANDALISM (include police incident report number) _____

Tenant Signature: _____

Date: _____