

**Muriel Collins Housing Co-operative**

**WORK REQUEST FORM**

Member: \_\_\_\_\_

Building:  Mills (76 Lombard)  Hamilton (79 Richmond)

Unit: \_\_\_\_\_ Phone: \_\_\_\_\_

Request for repairs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The tenant of #\_\_\_\_\_, hereby gives permission to the staff of Muriel Collins Housing Co-operative to enter my apartment to do the above noted repairs during the hours of 8:00 am. To 4:00 pm for the next five working days. I understand this Work Request may not be completed in one visit.

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

(If office is closed, please leave in the office drop box)

FOR COMPLETION BY MURIEL COLLINS HOUSING CO-OPERATIVE  
PERSONNEL UPON ENTRY INTO UNIT TO PERFORM WORK REQUEST.  
ORIGINAL TO BE GIVEN TO MEMBER TO CONFIRM ENTRY.

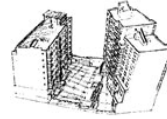
Date of entry: \_\_\_\_\_ Time of entry: \_\_\_\_\_

Staff signature: \_\_\_\_\_ Work completed: Yes / No

It is necessary that I make a second visit to complete the Work Request on the following date and time.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please call the office at 416.361.1667 and speak to the staff if you have any questions.



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