

Muriel Collins Housing Co-operative

WORK REQUEST FORM



Muriel Collins Housing Co-operative

WORK REQUEST FORM

Member:		Member:		
Building: 🔲 Mills (76 Lombard)	Hamilton (79 Richmond)	Building:	Mills (76 Lombard)	Hamilton (79 Richmond)
Unit: Phone:		Unit:	Phone:	
Request for repairs:		Request for repairs:		
The tenant of #, hereby gives permission to the Co-operative to enter my apartment to do the above n 8:00 am. To 4:00 pm for the next five working days. I u not be completed in one visit.	oted repairs during the hours of	Co-operative 8:00 am. To not be comp	e to enter my apartment to do 4:00 pm for the next five wor leted in one visit.	nission to the staff of Muriel Collins Housing the above noted repairs during the hours of king days. I understand this Work Request may
Signature of Member	Date	Signature o	f Member	Date
(If office is closed, please leave in the office drop box)		(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.		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	of entry:	Date of ent	ry:	Time of entry:
Staff signature: Work	completed: Yes / No	Staff signa	ture:	Work completed: Yes / No
It is necessary that I make a second visit to complete the Work Request on the following date and time.		It is necessary that I make a second visit to complete the Work Request on the following date and time.		
Date:	Time:	Date:		Time:
Please call the office at 416.361.1667 and speak to the staff if you have any questions.		Please call the office at 416.361.1667 and speak to the staff if you have any questions.		