



JONAN Property Services



REF# _____

Work Order

TENANT: _____ ADDRESS: _____ UNIT: _____

WHO REQUESTED WORK: _____ DATE OF REQUEST: _____ TIME OF REQUEST: _____

DETAILS:

PRELIMINARY
APPROVAL:

DATED:

QUESTIONS:

INVESTIGATION: _____ DATE OF INVESTIGATION: _____ TIME OF REPORT: _____

COMMENTS:

ESTIMATED TIME TO COMPLETE: _____ ESTIMATED COST TO COMPLETE: _____

WORK
APPROVAL:

DATED:

CONDITIONS:

WORK PERFORMED BY: _____ DATE(S) OF WORK: _____ TIME OF SIGN-OFF: _____

COSTS: _____

COMMENTS ON WORK:

SIGNED: _____