



Neskonlith Indian Band

Box 111, Crook BC V0E1M8
Phone (250) 679-3299 Fax (250) 679-5305
www.neskonlith.org

SERVICE REQUEST

0001

LOCATION _____

OCCUPANT

NAME: _____ PHONE # _____

CELL# _____ E-MAIL _____ SPECIAL INTEREST ABOUT RESIDENCE _____

AUTHORIZATION TO ENTER IN OCCUPANTS ABSENCE YES NO DATE & TIME SCHEDULED _____ PET IN RESIDENCE YES NO

OFFICE

DATE REPORTED _____ TIME _____ DATE ASSIGNED _____ TIME _____

WRITTEN BY _____ ASSIGNED TO _____ BY _____

WORK REQUESTED:

APPROVED BY: _____ ACCOUNT CODE: _____

PRIORITY (CIRCLE ONE) **A B C PM** A-URGENT B-ROUTINE C-LOW PM-PREVENTATIVE MAINTENANCE

MAINTENANCE

ACTION TAKEN: Work completed () Repaired temporarily () Parts on order () Outside contractor called ()

DATE _____ TIME IN _____ TIME OUT _____ SERVICE PERSON _____

WORK DONE:

| QTY | MATERIALS AND PARTS USED | UNIT PRICE | AMOUNT |
|-----|--------------------------|------------|--------|
| | | | |
| | | | |
| | | | |
| | | SALES TAX | |
| | | TOTAL \$ | |

CHARGEABLE TO: OCCUPANT () MANAGEMENT () OWNER () AMOUNTS _____

THANK YOU! IT'S A PLEASURE TO BE OF SERVICE