

High View Estates Condominiums
Request for Work

Date requested _____

Name _____

Condo Address _____

Contact Phone number _____

Type of Work requested

(check box)

Painting Exterior (only)

Where? _____

Gutter issues

Where? _____

Roof

Where? _____

Sidewalk

Garage Apron

Driveway

Other

Explain _____

Administration use only

Date logged _____

Suggested person/company _____

Date contact made _____ Assigned to: _____

Expected completion date _____ Completion date _____

Work approved for payment _____

by Block captain

Date given to treasurer to pay _____ Invoice received _____

Date Paid _____

Check # _____