

MAINTENANCE WORK ORDER

Community:	
Date:	

Unit Number:	
Resident Name:	
Priority:	
Status:	

PROBLEM/SYMPTOM

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Technician: \_\_\_\_\_  
Solution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resolved: (Yes) (No)  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_