Bleecker Street Co-operative Homes

Work Request Form

Date: _____

Name: _____

Suite: _____ Tel: (____)_____

Priority: ☐ Low / ☐ High

Brief Description of Problem:

I hereby give permission for the maintenance staff and/or contractor to enter my unit to carry out any necessary repairs.

Signed: _____

Contractor: _____

Staff: _____

Date Completed: _____

85 Bleecker Street, Box #5000, Toronto, Ontario, M4X 1X1 – Tel: (416) 920-7340 – Fax: (416) 920-4552