HOUSING AUTHORITY OF THE CITY OF STERLING, COLORADO

WORK MEMO

Date:_____ Time Received:_____

Apt:_____ Address:_____

Tenant's Name:_____ Permission to Enter:____Yes ___No

****

Work Request:_____

_____

_____

_____

****

Material Used:_____

_____

_____

****

Remarks:_____

_____

****

Types of Repair:_____

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Date Work Done:_____ By:_____

Time In:_____ Time Out:_____

Work Satisfactorily Completed_____ Maintenance Rep Initials_____

COMMON AREAS EMERGENCY ROUTINE MAINTENANCE