

**BRAESIDE PARK HOMEOWNERS ASSOCIATION
WORK ORDER FORM**

DATE: _____

NAME: _____ **PHONE #:** _____

ADDRESS: _____ **ALT. PHONE #:** _____

DESCRIPTION OF REPAIRS NEEDED:

Mail work order to:
P.O. Box 110
Independence, Mo. 64051

Fax work order to:
(816) 650-5517

(To be filled out by office staff)

CORRECTIVE ACTION:

URGENT

Work will be done as soon as labor and material is available.

ROUTINE

Work will be scheduled and completed in the order it was received.

DENIED

Not Braeside's responsibility.
(see explanation)

Board Member Contacted: _____

Date: _____

Contractor Contacted: _____

Date: _____

Cost of Repairs: _____

Date Completed: _____
