

Cedar Blue Maintenance Work Order Form

Date:	Requested by:	Telephone Number:
Lot Number:		

Priority: High - Must be done within 24 hours Medium - Within the week Low - When you get a chance

Problem Description:	
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Office Use only Below:

Item Description	Cost/Item	Quantity	Total Cost	Labor Hour Est.
	\$ -		\$ -	Comments
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	\$ -		\$ -	
Total			\$ -	

Upon Completion, Sign Below

Signature of Lot owner	Signature of Office Staff
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