

# Rolette County Housing Authority

509 5th Ave PO Box 567

Rolette, ND 58366

Ph: 701-246-3421 Fx: 701-246-3754

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## WORK ORDER FORM

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Taken by: \_\_\_\_\_

Name: \_\_\_\_\_

Permission to enter: \_\_\_ Yes \_\_\_ No

Address: \_\_\_\_\_

Project #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Account #: \_\_\_\_\_

Generated By:  Resident  Inspector  Maintenance  Management

Work order type:  Emergency  Resident Requested  Authority Requested

Unit Inspection  Repairs  Move-In  Move-Out

### Requested:

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### Completion:

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_ Hours: \_\_\_\_\_

Details of work Completed:

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Where there materials needed:  Yes  No

List materials needed:

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Are the charges of the materials the residents responsibility?  Yes  No

Was a copy of the work order left for the resident?  Yes  No

\*\*\*\*If materials were bought for the unit make sure to list the unit number on the invoice and attach it to the work order.