

# SERVICE REQUEST

LOCATION

## HOLIDAY HARBOUR CONDOMINIUM

60 Holiday Harbour  
Canandaigua, New York 14424  
(585) 396-1063

OCCUPANT

NAME \_\_\_\_\_ ADDRESS / NO. \_\_\_\_\_  
PHONE NO. \_\_\_\_\_ SPECIAL INFORMATION \_\_\_\_\_  
AUTHORIZATION TO ENTER ☐ YES DATE & TIME PET IN ☐ YES  
IN OCCUPANT'S ABSENCE ☐ NO SCHEDULED \_\_\_\_\_ RESIDENCE ☐ NO

OFFICE

DATE REPORTED \_\_\_\_\_ TIME REPORTED \_\_\_\_\_ WRITTEN BY \_\_\_\_\_

ASSIGNED TO \_\_\_\_\_ DATE ASSIGNED \_\_\_\_\_ ASSIGNED BY \_\_\_\_\_

**WORK REQUESTED:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRIORITY (CIRCLE) **A B C PM** A - URGENT C - LOW  
B - ROUTINE PM - PREVENTATIVE MAINTENANCE

### ACTION TAKEN:

Work completed ☐ Repaired temporarily ☐ Parts on order ☐ Outside contractor called ☐

DATE \_\_\_\_\_ TIME IN \_\_\_\_\_ TIME OUT \_\_\_\_\_ SERVICE PERSON \_\_\_\_\_

**WORK DONE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MAINTENANCE

QUAN.	MATERIALS & PARTS USED	UNIT PRICE	AMOUNT
TIME CHARGE	HR. MIN. @ \$ PER HR.	LABOR	
CHARGEABLE TO: OCCUPANT <input type="checkbox"/> MANAGEMENT <input type="checkbox"/>		SALES TAX	
OWNER <input type="checkbox"/> AMOUNT \$		TOTAL \$	

**THANK YOU! IT'S A PLEASURE TO BE OF SERVICE.**