

**RAINTREE VILLAS 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 Raintree's responsibility.
(See explanation)

Board Member Contacted: _____

Date: _____

Contractor Contacted: _____

Date: _____

Cost of Repairs: _____ Date Completed: _____
