CHARLES HASTINGS HOUSING CO-OPERATIVE INC.

Attention: Fill out the following Maintenance Request form and place the ENTIRE form, all three pages, into the Maintenance Office mail slot. [24/10/19]

175 Elm Street Toronto, Ontario M5T 2Z8 Tel: (416) 598-3884 Fax: (416) 598-9740

S.No.: 1672

MAINTENANCE REQUEST

| DATE: | | UNIT# | |
|--|--|--|---------------------------|
| NAME: | | | |
| | DETAILED DESC | RIPTION OF WORK NEEDE | D |
| | | | |
| | | | |
| | | | |
| | | | |
| · | YES | NO | |
| I hereby authorize not available. | the management office | or repair person to enter my un | it in the event that I am |
| Signature: | | Date | VII |
| क्रमा प्रमाण कर्मा कर क्षमा क्षम | RECORD OF ENTRY | & MAINTENANCE REQUI | 2FD |
| Date: | | WAINTENANCE RECOIL | (ED |
| On this date, Maintena | nce staff have entered your t | mit for maintenance work required. | |
| () Work requit () Parts must l () Work refert | npleted ended but maintenance must res more time to complete | return to complete work for the follow | ving reason: |
| Ву: | - CHHC Supe | rintendent/Office Staff | |