Westpark
Carleton Condominium Corporation No. 486
100 Grant Carman Drive

REQEST FOR SERVICE

Name:		Date:	
Unit No:	Phone No.:	Work:	Res.:

PERMISSION TO ENTER: _____ Yes _____ No

DETAILS OF SERVICE REQUIRED:

I, the undersigned, desire that the said repairs and maintenance be attended to as soon as possible from the date of this request. I gave permission to enter my unit during reasonable daylight hours in order to effect such repairs.

This acknowledgement shall operate as my consent at the time of entry for you to enter my unit in order to effect such repairs not withstanding my absence from the unit at the time of such entry and at the time that such repairs are made.

Date: SIGNATURE OF RESIDENT:

DATE WORK COMPLETED: SIGNATURE OF STAFF:

. . . ✂ . . . . . .

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ADVICE TO RESIDENT

Your request for service: Has been completed _____

Will be completed by: _____

Details: _____

_____

FOR FURTHER INFORMATION CALL: The Superintendent at: 613-724-0914

DATE: _____ Signature of Staff: _____