

CRAFTMASTER CONTRACTORS WORK ORDER FAX FORM

Number of Pages Sent: _____

To: CraftMaster Contractors From: _____ Phone: _____

Attn: Vicky (414) 931-8655 Date: _____

Job Location:

Address: _____

Property No. _____ Contact: _____

Contact Phone: _____

(Home)

(Work)

Site Manager: _____ Phone: _____

Approval to Enter (circle one): YES NO Received by? _____

Work Requested (please check all that apply):

Quotation requested Requested By: _____ (insert date)

Proceed with work on a time/materials basis

Phone sender to confirm request received

TARGET COMPLETION DATE: _____

Service Instructions: _____

If work completed is in a tenant's suite, work order form must be signed by the tenant indicating work has been completed:

Print Name: _____ Signature: _____