

WORK ORDER

DELIVERY ___ **REPAIR** ___ **MOVING** ___ **REMODELING** ___

1. *This form and a refundable \$500 deposit check, payable to Sunrise Tower, completed and returned to the desk at least 24 hours prior to any of the above;*
2. *Proof of liability & workers compensation insurance.*
3. *Board approval may be required before work begins. Contact property manager.*
4. *Work or Delivery Hours: 8:00AM-4:00PM (No weekends or holidays)*

Today's Date: _____ RE: Unit # _____

Resident: _____ Contact # () _____

If Remodeling – choose: Plumbing _____ Electrical _____ Structural _____ Other: _____
If "Other" explain: _____

Work Commencement Date: _____ Completion Date? (est) _____

Permit # _____ Date filed with proper authorities: _____
(Copies of Permits & Vendor Insurance policy must be provided to the office)

Name of Vendor or Contractor: _____

Vendor Phone # () _____ Vendor license #: _____

Vendor's Insurance Carrier _____

Phone: () _____ Insurance Agent: _____

****It is the residents responsibility to confirm the vendor or contractor is licensed and insured****

1. Will it be necessary to pad the elevator? (Yes / No) _____

2. Will it be necessary to turn off utilities for the entire building? (Yes/No) _____ stack? _____
For 'yes', approximately how long? _____

(For Office Use Only)

Date Form and Deposit Check Received: _____ **Check #** _____

Received By _____

Permits Received _____ Proof of License _____ Insurance Info _____

Project Approved by BOD: _____ Date _____

Deposit Check Released by: _____ Date _____