

Second regment

FRIED Cyc

## WORK ORDER

PROBLEM LOCATION  RECOMMENDED ACTION:  RECOMMENDED ACTION:  RECOMMENDED ACTION:  INSURANCE CLAIM YES OWNER/TENANT TO BE INVOICED  YES AUTHORIZED SIGNATURE  Completed by Superintendent  SIGNATURE:  S	PAGE 81/81	* Resident	Date:	Compl	AUTH	OWNE	PURCI
PROBLEM  INSURANT  SIGNA  SIGNA  SIGNA  SIGNA  SIGNA  SIGNA		ROBOL		eted by Superin	ORIZED SIGN	ER/TENANT TO	PURCHASE ORDER#
PROBLEM  INSURANG  SIGNA  SIGNA  SIGSÉ	EVE.,	power Line	REPROVED (MANAGEMENT)	tendent	ATURE	) BE INVOICED	711-
LOCATION  CE CLAIM  CE CLAIM  by Contrac  by Contrac  covor  Lovor  Lovor  Lovor  Lovor	8 78/85/A	an d	SIGNA		- THE STATE OF THE		INSURAN
PROBLEM LOCATION  PROBLEM LOCATION  PROBLEM LOCATION  INSURANCE CLAIM  ATURE  SIGNATURE:  SIGNATURE:  Power Line and groand not cover  Receptage m/55 / n / Lover  Signature:	121357 WILLY W	<u></u>	JURE:	ву Солиа	\ \ \ \		CE CLAIM