Lake Crest Work Order

Unit #:_____ Date: _____ Time: _____
Phone #: _____ E-mail: _____
Permission to enter?: yes _____ no _____
Describe in detail nature of problem:

_____
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_____

Service person
comments:_____
_____
_____
_____
_____
_____

Date Work Completed:_____ Service Person Initials: _____

Please fill out this form and return to the office as soon as possible