



SHARP COMMERCIAL, INC.

sales ■ leasing ■ management

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TENANT WORK ORDER REQUEST

Date of request: _____

Tenant: _____ Home # _____

Wk # _____ Mobile # _____

Address: _____ City: _____

Work Request:

1. _____

2. _____

3. _____

Signature of Tenant

Date

For Office Use Only:

Owner: _____

Repair Limit: Normal / Must Call

Map Coordinates: _____

Lein Release: Yes / No

Work Assigned to: _____ **On:** _____

Address: _____ **Wk:** _____

_____ **Mobile:** _____

Fax: _____

Instructions:

Complete Work Below Need Estimate ONLY by _____ Received on _____ Approved _____

Complete Work Below Need Estimate ONLY by _____ Received on _____ Approved _____

Complete Work Below Need Estimate ONLY by _____ Received on _____ Approved _____

Work completed on _____ **Invoice received on** _____

Invoice authorized by _____ (Signature of authorized personnel)

Invoice to bookkeeping on _____