



Chapel Hill Condominium Association

C.H.C.A Service Request

Maintenance Department

(734) 761-2822

NO:	Date of Order:
Name:	Phone: ()
Address:	Section:
Bill To:	Order Taken By
Address:	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Other
City:	

Description of Request:

Description of Work Completed:

	Total Material:
	Total Labor:
	Tax:
	Total Amount: \$

Date Completed: **By:**

I hereby acknowledge that satisfactory completion of the above described work.

- No one home** **Total amount due for above work** **Total billing to be mailed when job finished**

Signature: _____