



**WORK ORDER FORM**  
**KALAMAZOO/PORTAGE REGION**

**DATE & TIME** \_\_\_\_\_

**BUILDING:** \_\_\_\_\_

**TENANT NAME AND SUITE NUMBER:** \_\_\_\_\_

**CONTACT NAME AND NUMBER:** \_\_\_\_\_

**DESCRIPTION OF WORK REQUIRED:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IS THERE ANYTHING SPECIAL OR UNUSUAL ABOUT THIS REQUEST?**  
\_\_\_\_\_

**YES, I WOULD LIKE TO RECEIVE A COPY OF THE WORK ORDER UPON COMPLETION.**

**IF THIS IS AN EMERGENCY OR IMMEDIATE NEED, PLEASE CALL YOUR  
WORK ORDER IN TO 269-342-8600.**

**YES, I WOULD LIKE THE WORK ORDER NUMBER.**

**PLEASE FAX THIS REQUEST TO 269-342-1949**