

CENTER WEST

SERVICE ORDER

Date	Time	Requestor	Work Required	Rec'd By	Work Order No.
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Work Performed:

1 2x2 Std Lgt Bal ___ 3 F13-Sm Cabinet ___ 5 Q50 MR16 ___ 7 F13 DBX 24/4P ___ 9 F13DBX/SPx27 ___ 11 F13BX/2PX27/827 ___
 2 2x2 Std U Lamp ___ 4 PAR38 250 ___ 6 F9BX/Sm Spot ___ 8 F8T5/Exit Lgt ___ 10 F26DBX/827 ___ 12 F40T12/WM ___
 16 Thermostats T24 ___ 17 Thermostats T19 ___ 18 Controllers ___ 19 Actuators ___ 20 Dr Lk Spg Rep ___ 21 Ceiling Tile ___

Troubleshooting:

- Dishwasher
 Ice Maker
 Garbage Disposal
 Coffee Machine
 Mini Bld Rep
 Keys No. ___ (Key Receipt Attached ___ Y ___ N)
 Labor Hrs: Engr ___ hrs Handyman ___ hrs Cleaning ___ hrs Moving ___ hrs Other ___ hrs

Comments:

Parking Services:

Access Card # ___ New Card ___ Reassigned ___ Deactivated (not assigned) ___ Deactivated (not issued) ___ (Deposit Req'd ___ Y ___ N) TOTAL \$ _____
 Access Card # ___ Regular Parking/VIP Parking for the month of _____ Building Access Only _____ TOTAL \$ _____
 Access Card # ___ Lost/Stolen/Broken/Demagnetized TOTAL \$ _____
 Validation Books: ___ all day @ \$ _____ ea. One hour @ \$ _____ ea. 15 minutes @ \$ _____ ea. TOTAL \$ _____
 Special Event Valet Parking ___ hrs @ \$ _____ / hr TOTAL \$ _____
 Number of cars ___ @ \$ _____ / car TOTAL \$ _____

Contractor Services:

Service (specify) _____ Cost x I. ___ % TOTAL \$ _____

___ / ___ / ___ ___ : ___ AM/PM _____ _____
 Date Completed Time Completed Tenant Signature Completed By

Action Taken:

Processed By _____