



Date: _____

Housing Authority of the County of Chester

Work Order Request

Apartment/Unit # _____

____ Maple/Spruce/Locust (AMP 25) ____ 222 N. Church St. (AMP 25)
____ King Terrace (AMP 4) ____ Oxford Terrace (AMP 8).

Tenant's Name: _____ Phone #: _____

Nature of Request: _____

____ Emergency ____ Urgent (next 24-48 hours) ____ Routine

Tenant's Signature: _____

HACC USE ONLY BELOW THIS LINE

Work Order Number _____

Action Taken: _____

Completed By: _____ Date: _____

Time Started: _____ Time Completed: _____