



SPOAT, JACKSON & BROWNE, LLC
P.O. BOX 40502
Fayetteville, NC 28309

SUBJECT: WORK ORDER REQUEST

Date of Request: ____/____/____ Requesting Party: _____
Work Location (Your Address)/Phone Number: _____

Description of work/repair:

Requested Priority:

High - Must be done within 24 hours.

Medium - Within the week.

Low - When you get a chance.

Please fill this out and put it in the self-addressed envelope back to us. The normal hours of repair are 7 AM until 7 PM.

Spoat, Jackson & Browne, LLC
P.O. Box 40502
Fayetteville, NC 28309

If you have any questions or concerns feel free to give me a call at 910-964-7606 or Fax at 910-779-2455 or email us at SPOATJACKSONBROWNE@yahoo.com.

For Official Use Only:

Date Reviewed: ____/____/____ Priority Assigned: _____

Authorized By: _____

Comment: _____

Date Work Completed: ____/____/____ Number of Days to Complete: _____

Work Assigned To: _____

Tenant Signs if work is completed _____