

## **TULALIP TRIBES HOUSING DEPARTMENT**

3107 Reuben Shelton Drive, Box A-2, Tulalip, WA 98271 Phone Number: 360-651-4580 Fax Number: 360-651-4595

## **WORK ORDER REQUEST FORM**

Tenant Name:	Ac	Acct. Number:		
Address	Phone Number			
Site: Quil I Quil II Quil I	Meadows Y-Site	O Battle Creek	○Silver Village	
Battle Creek Apartments	Senior Apartments	O 28th Avenue	Church Site	
Other				
This Tenant Work Order Request is being mad	le:	O By Telephone		
If 'Request' is being made by someone other th	an the Tenant, please pro	ovide the following informa	ation:	
Name of Person Making Request		Phone Number		
Do you have Dog(s)? YES	)NO			
*If Yes, please make sure your dog is leashed	or out of the area while v	we perform repairs.		
Describe the work that needs to be done:				
Is this a Health and/or Safety Issue?  YES	○ NO Are Haza	ardous conditions present? (	YES NO	
Rental Program tenants may be billed for work Work performed due to neglect and abuse ma Home-buyers generally are responsible for Main basis, we will perform work and bill family accombealth and safety issues and/or hazardous con event we do the repairs. The billing will appear	y be billable as determin ntenance and Repairs. I ordingly. Emergency rep nditions. Homebuyers re	led by the Housing Departn If assistance is needed on a pairs are generally determined equired to sign a Payback A	nent. an emergency ned to be	
Request Taken By:	Refere	nce No.		