Work Order Request Form

Pickawillany Condominium Unit Owners Association

I would like to request that the following items be inspected for repair.

UNIT ADDRESS _____

TYPE OF REPAIR _____

Description of work requested (include location & details):

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_____

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_____

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_____

_____

_____

Signature

Print Name

Date

EMAIL TO: khorvath@casebowen.com

TELEPHONE: Case Bowen at (614) 799-9800

MAIL TO:
The Case Bowen Company
6255 Corporate Center Drive
Dublin, OH 43016