



22727 Maple Avenue, Torrance, California 90505

# WORK REQUEST & SUGGESTIONS FORM

P: (310) 325-3080  
admin@nhsb.org

## USE ONE FORM FOR EACH REQUEST!

This form is to be used for WORK REQUESTS as well as SUGGESTIONS. It is the Resident & Owner's method of addressing the Board of Directors. **IF YOU WANT ACTION, PUT IT IN WRITING!**

Dept: _____
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1. Please fill in the form completely.
2. Explain your subject in detail. For more space, use the back of the form.
3. Unless a safety issue or ongoing damage, work requests are processed based on date of receipt.

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Date \_\_\_\_\_ Building # \_\_\_\_\_ 3 Digit Unit # \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Request/Suggestion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**For Office Use Only Do Not Write Below This Line**

*REQUEST NO.* \_\_\_\_\_

*Department Chairperson:* \_\_\_\_\_ *Checked By:* \_\_\_\_\_

Action or Work Performed: \_\_\_\_\_

\_\_\_\_\_

Material or Special Tools Used: \_\_\_\_\_

Work completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Remarks: \_\_\_\_\_