

**Avion Village Mutual  
Ownership Corporation**  
SERVICE REQUEST

NAME: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

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SERVICE REQUESTED:

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SERVICE RENDERED:

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DATE: \_\_\_\_\_ TIME STARTED: \_\_\_\_\_

TIME COMPLETED: \_\_\_\_\_

WORK COMPLETED BY: \_\_\_\_\_

RESIDENT CHARGE:    YES    NO    AMOUNT OF CHARGE: \_\_\_\_\_

RESIDENT MUST SIGN ALL TICKETS WITH CHARGES

SIGNATURE: \_\_\_\_\_