

## Beaucatcher Work Order Form

Property: Beaucatcher Condominiums  
9 Kenilworth Knoll  
Asheville NC 28805

Date / Time: \_\_\_\_\_ / \_\_\_\_\_ (AM/PM)

Unit No.: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OK to enter (yes/no): \_\_\_\_\_ If no, method of contact (call/email): \_\_\_\_\_

Method of follow up (call/email): \_\_\_\_\_

Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

Warranty (yes/no): \_\_\_\_\_

### Work Order Instructions:

1. Work orders must be completed and submitted by the owner
2. Work orders must be submitted by email or fax. Fax number 866 870-9648 or via email to: Abe Detchemendy at [adetch09@gmail.com](mailto:adetch09@gmail.com)

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### Technician Notes (to be completed by technician)

Work Order #: \_\_\_\_\_

Date / Time: \_\_\_\_\_ / \_\_\_\_\_ (AM/PM)

Description of Repairs:  
\_\_\_\_\_  
\_\_\_\_\_

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Estimate of Repairs:

Parts: \_\_\_\_\_

Labor: \_\_\_\_\_

Total: \_\_\_\_\_

Authorized by: \_\_\_\_\_

### Work Order Closeout

Date / Time Work Order was closed: \_\_\_\_\_ / \_\_\_\_\_ (AM/PM)

Work Order information posted to work order log (yes/no): \_\_\_\_\_

Technician Name: \_\_\_\_\_

Technician Signature: \_\_\_\_\_