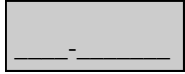


LAURENTIAN UNIVERSITY RESIDENCE COMPLEX—WORK REQUEST



Date of Report:

Resident Name:

Room / Location of Required Work (Please be as accurate as possible):

BEST METHOD TO CONTACT YOU (Email or Phone Number Preferred)

DESCRIPTION OF DEFECT / PROBLEM / WORK REQUIRED
(ONLY ONE ISSUE / REQUEST PER SHEET)

DO YOU PERMIT A LAURENTIAN UNIVERSITY EMPLOYEE AND/
OR CONTRACTOR TO ENTER YOUR APARTMENT TO COMPLETE
THIS WORK IF YOU OR YOUR ROOMATE ARE NOT HOME? Yes No

Preferred Time: _____

COMPLETED REQUESTS MUST BE DROPPED IN THE SSR MAILBOX OR DELIVERED TO WEST-120 (Residence Office)