

**RAINTREE VILLAS HOMEOWNERS ASSOCIATION  
WORK ORDER FORM**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

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

**EMAIL #:** \_\_\_\_\_

**DESCRIPTION OF REPAIRS NEEDED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mail work order to:**  
**P.O. Box 110**  
**Independence, Mo. 64051**

**Fax work order to:**  
**(816) 650-5517**

(To be filled out by office staff)

**CORRECTIVE ACTION:**

\_\_\_\_\_  
\_\_\_\_\_

**URGENT**

Work will be done as soon as labor and material is available.

**ROUTINE**

Work will be scheduled and completed in the order it was received.

**DENIED**

Not Raintree's responsibility. (see explanation)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Board Member Contacted: \_\_\_\_\_

Date: \_\_\_\_\_

Contractor Contacted: \_\_\_\_\_

Date: \_\_\_\_\_

Cost of Repairs: \_\_\_\_\_

Date Completed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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