RM of Maple Creek No. 111 WORK ORDER

Caller name:

Date: Phone Number:

Councillor:

Nature of Problem or Request

Location:

Description:

_____

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_____

Does it require council approval ○ No ○ Yes

Priority (circle) 1-Immediate 2- High 3-Medium Foreman only

Call taken by:

Service Details

Employee Name(s)	Description of work	Approximate Hours
Completion Date:	Completion Acknowledged by: _____	