

MAKE READY ORDER

Order Number: _____ Date: _____

Requested by: _____ Dept.: _____ Telephone #: _____

Apt. #: _____ Building #: _____ Time: _____ a.m. p.m.

MAKE READY NEEDED BY: _____
(MONTH/DAY/YEAR)

WORK REQUESTED:

Special Instructions: _____

	ASSIGNED TO	DATE ASSIGNED	DATE COMPLETED	TOTAL TIME
Painting				
Maint.				
Cleaning				
Carpet				
Keys & Locks				
MAKE READY TOTAL TIME				

Make ready maintenance has been completed; this apartment is ready for occupancy. All Make Ready Supplements are attached to this Order for management review.

Approved by: _____ Date: _____
(Maintenance Supervisor)

Approved by: _____ Date: _____
(Management Personnel) (Title)

GM 1037 1/92 WHITE - OFFICE CANARY - FILE