

Have you been in contact within the last 14 days with someone who has had Covid-19?

Are you currently waiting for a pending test result? _____

Have you tested Positive for COVID-19? _____ when? _____

Do you have flu-like symptoms? _____

TODAY' S DATE: _____

NAME: _____

APARTMENT #: _____

TELEPHONE#: _____ Pet: _____

****BY SUBMITTING THIS WORK ORDER, YOU ARE GIVING SAGINAW HOUSING COMMISSION
PERMISSION TO ENTER TO COMPLETE THE WORK ORDER***

NATURE OF PROBLEM

_____ TOILET NOT WORKING PROPERLY

_____ GARBAGE DISPOSAL NOT WORKING

_____ LEAKY FAUCET: KITCHEN OR BATHROOM

_____ SINK PLUGED/SLOW DRAIN KITCHEN

_____ SINK PLUGGED/SLOW DRAIN BATHROOM -----TUB

_____ REFRIGERATOR NOT WORKING PROPERLY

_____ STOVE AND/OR OVEN NOT WORKING PROPERLY

_____ CLOSET DOOR OFF TRACK _____ (add which closet)

_____ HOLE IN WALL _____ (add which room)

_____ LIGHT BULB NEEDS TO BE REPLACED: CIRCLE/ BEDRM KITCHEN BATHRM CLOSET

_____ PEST EXTERMINATION: CIRCLE/ MICE BEDBUG ROACHES OR

OTHER _____

_____ BLIND REPAIR/REPLACEMENT: CIRCLE/ LIVINGRM BEDRM
