

**The Crystelle**

Ottawa Carleton Standard Condominium Corporation No. 718  
120 Grant Carman Drive

**REQUEST FOR SERVICE**

<b>Name:</b>	<b>Date:</b>
<b>Unit No:</b>	<b>Phone No.:</b>
<b>Work:</b>	<b>Res.:</b>

**PERMISSION TO ENTER:**                       Yes       No

**DETAILS OF SERVICE REQUIRED:**

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*I, the undersigned, desire that the said repairs and maintenance be attended to as soon as possible from the date of this request. I gave permission to enter my unit during reasonable daylight hours in order to effect such repairs.*

*This acknowledgement shall operate as my consent at the time of entry for you to enter my unit in order to effect such repairs notwithstanding my absence from the unit at the time of such entry and at the time that such repairs are made.*

**Date:** \_\_\_\_\_ **SIGNATURE OF RESIDENT:** \_\_\_\_\_

**DATE WORK COMPLETED:** \_\_\_\_\_ **SIGNATURE OF STAFF:** \_\_\_\_\_



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**ADVICE TO RESIDENT**

**Your request for service:** \_\_\_\_\_ *Has been completed*

**Will be completed by:** \_\_\_\_\_

**Details:** \_\_\_\_\_

**FOR FURTHER INFORMATION CALL:** \_\_\_\_\_ *The Superintendent* \_\_\_\_\_ **at:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **Signature of Staff:** \_\_\_\_\_