

PENDER COUNTY HOUSING DEPARTMENT

**COUNTRY COURT APTS**

10260 Hwy 421  
Currie, NC 28435

# WORK ORDER

W.O. # :

W.O. Date :

Resident Name :

UNIT # :

*WORK ORDERS SHOULD BE COMPLETED & GIVEN TO:*

805 S. Walker Street Burgaw, NC 28425

Inspector: 910.259.1209 Admin: 910.259.1208 FAX: 910.259.1343

**Work Requested:** **ASSIGNED TO: (completed by PCHD)** **DUE DATE (completed by PCHD)**

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DESCRIPTION OF WORK COMPLETED BY MAINTENANCE/ASSIGNED TECH			DATE COMPLETED	INITIALS OF PERSON COMPLETING WORK
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**LIST EACH REPAIR ITEM SEPARATELY & DATE AS IT IS COMPLETED.**


**MAINTENANCE COMMENTS/OBSERVATIONS/RECOMMENDATIONS**

I CERTIFY BY MY SIGNATURE THAT THE WORK ABOVE IS COMPLETE.

SIGNATURE OF PERSON COMPLETING WORK

DATE

**NOTICE TO RESIDENT: DO NOT SIGN BELOW THIS LINE UNTIL THE WORK HAS BEEN COMPLETED.**

By my signature, I agree that all work has been performed to my satisfaction.

RESIDENT SIGNATURE

DATE