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## WORK ORDER FORM FOR CALUSA PALMS V

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ UNIT: \_\_\_\_\_ BLDG.: \_\_\_\_\_

REQUEST:

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APPROVED BY BOD? \_\_\_\_\_ NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**SPACE BELOW RESERVED FOR MANAGEMENT**

CONTRACTOR: \_\_\_\_\_

RECEIVED COPY OF LICENSE \_\_\_\_\_ AND INSURANCE \_\_\_\_\_

COMMENT: \_\_\_\_\_

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**PLEASE PROVIDE THE NAME, LICENSE, AND ALL  
INSURANCE CERTIFICATES OF THE CONTRACTOR WHO  
WILL BE PERFORMING THE WORK.**