



ADDITIONAL WORK ORDER REQUEST FORM

Please return by fax to: (315) 463-4761

COMPANY NAME: _____

ADDRESS: _____

CONTACT NAME(S): _____

LOCAL PHONE NUMBER: _____ FAX NO.: _____

DESCRIPTION OF WORK NEEDED: _____

DATE WORK NEEDS TO BE STARTED & FINISHED: _____

DOES WORK NEED TO BE DONE AFTER HOURS: YES NO

Note: If work is to be performed by someone other than the Landlord, the Landlord must review and approve the floor plan and specifications prior to commencement of work. Landlord's specifications may only be substituted upon written consent. A copy of the Landlord's specifications will be supplied upon receipt of this form.