WORK ORDER FORM

№ _____

HOLIDAY PARK RESORT

1 - 415 Commonwealth Road
Kelowna BC V4V 1P4
Phone: 250.766.4255
Email: holiday@holidaypark.ca
GST#: R102380714

Date: _____

Name: _____

Phone: _____

Email: _____

Description of Work Required:

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Completion Date Requested | Signature of Person Requesting Work | Condo/Site#

Materials:

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_____

Labour:

_____

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_____ _____

Completed By: Date:

Charges:

_____

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TOTAL $ _____

WHITE & YELLOW: DEPARTMENT COPY **PINK:** OFFICE COPY