## **CONTRACT REQUEST FORM**

Property Owner Na	me:	Date:		
Clubhouse	Pool Area	Shuffleb	oard/Tennis Court	
Office	*Home: LOT	Other		
f other, please provide th	ne location of the community	<u>:</u>		
Brief Description:				
understand that wor incremen	TED ON YOUR HOME, PLEASE k requested will cost \$25 per l ts. If work cannot be complete signature:	hour. All work will be ed by STW staff, I wil	charged in one (1) hour l be notified.	
	FOR OFFICE U	SE ONLY		
Assigned to:	Received on:	Compl	Completed on:	
Total Hours Work	ed: Cou	ld not be completed	by STW Staff	
Notes:				
Emplov	ee Signature:			