501 Bellaire Dr. Killeen Texas 76541
OFFICE: 254-449-7500 FAX: 254-213-6113 Email: realty_h@yahoo.com

Renting and Selling Central Texas

www.homenetworkrealty.net

Work Order

Date: _____

Tenant Name: _____Tenant Best Tel.#_____
Address: _____

Details, Details-WE' want the DETAILS! DON'T FORGET YOUR ADDRESS &

1. What needs to be fixed? _____
2. What room? _____
3. Which bathroom? *Upstairs, downstairs, 1/2 bath, Master Bath? :* _____
4. Heating or Air Conditioning Issue? _____
5. Appliance Related? Which one?_____
6. Plumbing or Electrical Related? Where? _____
7. Other Details *(What, Where & Issue):* _____

Does Tenant give permission **to HOME NETWORK REANTALS, and/or appropriate vendor to enter** premises without Tenant supervision? **YES** **NO**

PLEASE NOTE: Repair requests and Completion of Repairs: Subchapter B of Chapter 92 of the Texas Property Code governs the rights and obligations of the parties during the repairs. All **requests** for repairs must be in writing and delivered to Landlord. Tenant may not repair or cause to be repaired any condition, regardless of the cause, without Landlord's permission. All decisions regarding repairs, including the completion of any repair, whether to repair or replace the item and selection of the repairman will be at Landlord's sole discretion. Landlord is not obligated to complete a repair on a day other than a business day unless required to do so by the Property Code. If the Tenant causes condition-requiring repair, then the TENANT will be billed for the repair and Landlord must receive prompt payment.

Agreement: I fully understand the paragraph above & understand that if the condition causing the repair is **caused by me** I will be **responsible for the repair charges.** Please note if applicable $45.00 Maintenance Fee must be pre-paid prior to any Maintenance being done.

Tenant Signature_____

For Office Use Only:

Date Received:_____ Employee Initials _____ Key Tag: _____

Service to: Warrant)' Owner Tenant

Vendor Called (Company/Name of Person/Phone #): _____

Date and Time Vendor Called: _____

Communication Log _____Maintenance Arrival Time_____ ____

Maintenance Departure Time_____ Work Order Complete (Date):_____Tenant Called for Work Evaluation_____ **Employee Initials/Employee** Working the Order_____

Note: You can FAX or EMAIL this WO to us. Thanks