

# Aventine Co-operative Homes Inc.

## Work Order Requisition Form

<b>Date</b>	
<b>Member's Name</b>	
<b>Unit</b>	<b>Email</b>
	<b>Phone</b>

**Please describe the maintenance problem you are having:**

**Please answer the following questions with either "yes" or "no":**

1. Do you have pets (dog/cat)? \_\_\_\_\_
2. Are you, or is anyone in your household, experiencing a fever? \_\_\_\_\_
3. Are you, or is anyone in your household, experiencing any abnormal or unusual conditions (not associated with allergies, smokers cough, other known respiratory complaints, etc.):
  - a. Coughing \_\_\_\_\_
  - b. Sneezing \_\_\_\_\_
  - c. Sore throat \_\_\_\_\_
  - d. Difficulty breathing \_\_\_\_\_
4. Has anyone in your household travelled outside Canada within the last 14 days? \_\_\_\_\_
5. Has anyone in your household had close contact with a person with COVID-19 (probable or confirmed) while they were ill within the last 14 days? \_\_\_\_\_
6. Has anyone in your household had close contact with a person who travelled outside of Canada in the last 14 days who has become ill (cough, fever, sneezing, or sore throat)? \_\_\_\_\_

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**\*Please read and sign the other side of this form\***

**Note:**

If you have answered “yes” to any of the questions above, the Maintenance Team will not enter your unit until it is confirmed to be safe to do so unless the matter requires immediate attention.

You will be provided with written notice of the date the Maintenance Team will be accessing your unit to complete the necessary repairs, except in the case of urgent maintenance issues where Maintenance will contact you to coordinate entry.

**Acknowledgement:**

By my signature below I acknowledge that I am required to ensure the Co-op is able to access its units to complete maintenance and that such access is governed by the Co-op’s Occupancy By-law.

\_\_\_\_\_  
Signature