

**BARRYBROOKE VILLAGE HOMEOWNERS ASSOCIATION  
WORK ORDER FORM**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ALT. PHONE #:** \_\_\_\_\_

**DESCRIPTION OF REPAIRS NEEDED:**

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**Mail work order to:**  
**P.O. Box 110**  
**Independence, Mo. 64051**

**Fax work order to:**  
**(816) 650-5517**

(To be filled out by office staff)

**CORRECTIVE ACTION:**

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**URGENT**

Work will be done as soon  
as labor and material is  
available.

**ROUTINE**

Work will be scheduled and  
completed in the order it was  
received.

**DENIED**

Not Barrybrooke's  
responsibility.  
(see explanation)

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Board Member Contacted: \_\_\_\_\_

Date: \_\_\_\_\_

Contractor Contacted: \_\_\_\_\_

Date: \_\_\_\_\_

Cost of Repairs: \_\_\_\_\_ Date Completed: \_\_\_\_\_

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