



Residential Development Request for Repairs

Date: _____

House #: _____

Trailer # _____

Land Location: _____ ¼- _____ - _____ - _____

Name:	Band No.:
Phone No.:	Work No.:
Email Address:	

Work Requested

- | | | | | |
|---|---|--|--|---------------------------------------|
| Patio/Deck <input type="checkbox"/> | Ramp <input type="checkbox"/> | Window/s <input type="checkbox"/> | Mold Bath <input type="checkbox"/> | Mold Kitchen <input type="checkbox"/> |
| Plumbing <input type="checkbox"/> | Furnace <input type="checkbox"/> | Electrical <input type="checkbox"/> | Door/s <input type="checkbox"/> | Flooring <input type="checkbox"/> |
| Mold Walls <input type="checkbox"/> | Ceiling <input type="checkbox"/> | Shingles /Roof <input type="checkbox"/> | Handicap bath <input type="checkbox"/> | Infestations <input type="checkbox"/> |
| Furnace Cleaning <input type="checkbox"/> | Water Well Service <input type="checkbox"/> | Septic Tank Vac <input type="checkbox"/> | Sewer Pumps <input type="checkbox"/> | |

Details of your request:

This application does not guarantee you approved repairs.

Disclaimer:

Samson Cree Nation Residential Development will not be held responsible to the maintenance and repairs to said house/trailer due to neglect, fire, self-damage or vandalism or any other damages that may occur during course of construction. Samson Cree Nation Residential Development is not responsible for accommodations and utilities during construction. ALL requests are to be directed to Residential Development and put on the wait list. No verbal agreements will be honoured. It is your responsibility to update contact information. Once approved for repair, your house/unit will be provided a Work Order and Inspection Report that you are required to sign off prior to Contractor being paid. Please be prepared to vacate house/unit for a minimum of 8 hours for fumigation (pest control).

Home Occupant _____

Home Occupant _____

PLEASE EMAIL REQUEST TO: scn.housingrd@gmail.com