



Kickapoo Traditional Tribe of Texas Kickapoo Housing Authority

Residential Work Order

Tenant Name: _____ Date: _____

Address: _____ Contact Information: _____

Unit Number (If applicable): _____

Type of Assistance Needed:

Description of Issue:

Provide a detailed description of the issue that needs to be addressed. Include specifics such as location, nature of the problem, and any relevant details.

Requested Action:

Please check all that apply:

Repairs

Type of Repair:

Walls

Refrigerator/Stove Repair

Location(s): _____

Location(s): _____

Restrooms

Electrical

Location(s): _____

Location(s): _____

Plumbing

Washer/Dryer Repair

Location(s): _____

Location(s): _____

HVAC Repair

Fencing

Location(s): _____

Location(s): _____

Painting

Type of Painting:

Interior

Exterior

Location(s): _____

Location(s): _____

Other:

Other Services: _____