



## Landscaping / Irrigation Work Order

Association:
POC NAME:
ADDRESS:
DATE:

Work order #	
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Issue or Request:
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Resident			Date work order completed:	
Phone:			Resident email:	
Address		Unit #		

<b>Landscape issues:</b> Check & circle all relevant	<b>Irrigations issues:</b> Check & circle all relevant	<b>Details:</b> Any additional info about W/O
<input type="checkbox"/> Pruning	<input type="checkbox"/> Sprinkler L R back front Between	
<input type="checkbox"/> Hedge trimming L R B S	Middle driveway mister sprayer	
<input type="checkbox"/> Weeding L R B S	Near street air conditioner rotor	
<input type="checkbox"/> Lawn F B L R S between	<input type="checkbox"/> No irrigation	
<input type="checkbox"/> Plant Bed F B S	<input type="checkbox"/> Sprinkler adjustment	
Lawn <input type="checkbox"/> Common area F B L R S	<input type="checkbox"/> Clean around heads	
<input type="checkbox"/> Tree Trimming	<input type="checkbox"/> Irrigation line break	
<input type="checkbox"/> Tree has fallen	<input type="checkbox"/> No water pressure	
<input type="checkbox"/> Tree removal		
<input type="checkbox"/> Bush/ Plant removal / Replace		
<input type="checkbox"/> Edging L F B S		
<input type="checkbox"/> Insecticide		
<input type="checkbox"/> Blowing debris	<input type="checkbox"/> Quote:	

**(L-left R-right B-Back S-Side R-Rear between- between homes F-front)**