M.L.E.P.O.A., INC.
103 Lake Drive ♦ Dingmans Ferry, PA 18328
Phone 570-828-8244 ♦ Fax 570-828-9370
E-Mail: info@marcellakeestates.org

BUILDING WORK REQUEST FORM

Date: _____

Name: _____

Property Address: _____

Mailing Address: _____
(If different from property address)

City: _____ State: _____ Zip code: _____

Account #: _____ Lot: _____ Block: _____

Resident's Signature:_____

****

I HAVE BEEN CONTACTED BY THE ABOVE RESIDENT AND THEY HAVE REQUESTED PERMISSION TO PERFORM THE FOLLOWING WORK.

Description:
_____
_____
_____
_____

Maintenance Supervisor:_____ Security Supervisor:_____

PERMIT REQUIRED BY DELAWARE TOWNSHIP ☐ **YES** ☐ **NO**

VIA PHONE _____
Name **Date**

PERMIT REQUIRED BY M.L.E.P.O.A ☐ **YES** ☐ **NO**

TOWNSHIP PERMITS RECEIVED IN THE OFFICE ☐ **YES** ☐ **NO**

APPROVED ☐ **YES** ☐ **NO**

REASON FOR DENIAL: _____
_____

am5/12