

MAINTENANCE WORK REQUEST

From: _____
Name Work Area or Department

Maintenance Type: (check below) Request Date: _____

_____ Electrical _____ Heat/Air _____ Plumbing _____ Lights

_____ Floors _____ Walls _____ Grounds _____ Other

Problem Location: _____

Condition: _____

Recommendation: _____

FOR OFFICE USE ONLY:

| |
|--|
| Date Received in Administrative Office: _____ |
| Route To: _____ Trustees _____ Building & Grounds Supervisor |
| Work to be done: _____ |
| _____ |
| _____ |
| Date Completed: _____ By: _____ |
| Comments: _____ |
| _____ |
| _____ |