

# FACILITIES WORK REQUEST

Requested By \_\_\_\_\_ Phone Number \_\_\_\_\_

Date Request Submitted \_\_\_\_\_ Date Needed \_\_\_\_\_ Time Needed \_\_\_\_\_

Room \_\_\_\_\_ Type of Meeting \_\_\_\_\_

Standing Request :     Yes    No

Standing Request Dates:    From \_\_\_\_\_ To \_\_\_\_\_

**DESCRIPTION OF WORK REQUEST: (Drawings are helpful)**

Request Approved By \_\_\_\_\_ Date \_\_\_\_\_

**For Facilities Office Use Only**

Department:

- |  |  |
|--|--|
| <input type="checkbox"/> Building & Grounds          | <input type="checkbox"/> Equipment             |
| <input type="checkbox"/> Grounds/Parking Maintenance | <input type="checkbox"/> Building Maintenance  |
| <input type="checkbox"/> Equipment Maintenance       | <input type="checkbox"/> General Maintenance   |
|  | <input type="checkbox"/> Building Improvements |

Completed By \_\_\_\_\_ Date \_\_\_\_\_