

MAINTENANCE SERVICE REQUEST

PLEASE TURN REQUESTS IN EARLY TO ASSURE COMPLETION ON TIME

Department Requesting Service: _____

Account Number: _____

Person Requesting Service: _____

Describe the work that needs to be completed and specify the location where work is to be done. *(If you are requesting equipment to be moved, a "Request for Equipment Transfer" form must be attached.)*

When should this work be completed? _____

Required Approvals:

Supervisor _____ Date _____

Assoc. Vice President, Student Services or
Vice President, Instruction _____ Date _____

Director, Building & Grounds _____ Date _____

Requestor: Keep Pink Copy

VP Instruction (or) Assoc. VP Student Services: 1) Forward signed White Copy to Director, Building & Grounds
2) Keep Yellow Copy