

**MAINTAINENCE WORK ORDERS**

**TYPE OF REPAIR (CIRCLE ONE PER REQUEST)**

**ELECTRICAL PLUMBING A/C - HEATING PAINTING ROOFING CARPENTRY**

**EXACT LOCATION – BUILDING – ROOM**

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**DETAIL PROBLEM** \_\_\_\_\_

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**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NUMBER OF TIMES REQUESTED (IF NOT THE FIRST):** \_\_\_\_\_

IF FOR ANY REASON YOU FEEL THAT BY NOT HANDLING THIS REPAIR IMMEDIATELY  
THERE IS A POSSIBILITY OF A DANGEROUS SITUATION PLEASE CALL THE OFFICE. IF IN  
DOUBT CALL THE OFFICE AT X7223.

OTHERWISE REPAIR SHEETS ARE TO BE FAXED TP 332-5644 OR MAILED.

**THANK YOU.**