



## FACILITIES DEPARTMENT WORK REQUEST FORM

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|--|---|
| Requested by:<br>Name _____<br><br>Title _____<br><br>Phone _____<br><br>Dept. _____ | Date _____<br><br>Account # (If needed) _____<br><br>Location of Work _____<br><br>Estimate Needed: Y _____ N _____ |
| Emergency _____ Routine _____ Capital Improvement _____ New Construction _____       |   |
| Description of work requested:<br><br><br><br><br><br><br><br><br><br>               |   |

**PLEASE DO NOT WRITE BELOW THIS LINE**

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|   |                                       |
|---|---------------------------------------|
| Date Received: _____<br>Estimate of costs: \$ _____   | Received by: _____<br>Account # _____ |
| Approved by Facilities & Use Committee: _____<br>President's Signature _____                            | Date _____<br>Date _____              |
| In house _____ Service Contract _____ Outside Vendor _____<br>Date Completed: _____ Completed by: _____ |                                       |