## **Work Order Request**

| Requestor information                |                     |  |         |          |  |                                 |      |  |      |            |                       |  |
|--------------------------------------|---------------------|--|---------|----------|--|---------------------------------|------|--|------|------------|-----------------------|--|
| Requestor name                       |                     |  | Phone # |          |  | Email                           |      |  |      |            |                       |  |
|                                      |                     |  |         |          |  |                                 |      |  |      |            |                       |  |
|                                      |                     |  |         |          |  |                                 |      |  |      |            |                       |  |
| Request details                      |                     |  |         |          |  |                                 |      |  |      |            |                       |  |
| Date of request Location address     |                     |  |         |          |  |                                 |      |  |      |            |                       |  |
|                                      |                     |  |         |          |  |                                 |      |  |      |            |                       |  |
| Building                             |                     |  | Room #  |          |  | Equipment/asset/system affected |      |  |      |            |                       |  |
|                                      |                     |  |         |          |  |                                 |      |  |      |            |                       |  |
| Request description                  |                     |  |         |          |  |                                 |      |  |      |            |                       |  |
|                                      |                     |  |         |          |  |                                 |      |  |      |            |                       |  |
|                                      |                     |  |         |          |  |                                 |      |  |      |            |                       |  |
|                                      |                     |  |         |          |  |                                 |      |  |      |            |                       |  |
|                                      |                     |  |         |          |  |                                 |      |  |      |            |                       |  |
|                                      |                     |  |         |          |  |                                 |      |  |      |            |                       |  |
| Type of issue (check all that apply) |                     |  |         |          |  |                                 |      |  |      |            |                       |  |
| Automotive                           |                     |  | Gro     | Grounds  |  |                                 |      |  |      | Plumbing   |                       |  |
|                                      | Custodial           |  |         | HVAC     |  |                                 |      |  |      | Security   |                       |  |
|                                      | Furniture           |  |         | Painting |  |                                 |      |  |      | Electrical |                       |  |
|                                      | Pest control Safety |  |         |          |  |                                 |      |  |      | Other:     |                       |  |
| Best times for service               |                     |  |         |          |  | Urgency (check one)             |      |  |      |            |                       |  |
| Desir times for service              |                     |  |         |          |  | Low                             |      |  |      |            |                       |  |
| Desired completion date              |                     |  |         |          |  | Medium                          |      |  |      |            |                       |  |
| μ                                    |                     |  |         |          |  | High                            |      |  |      |            |                       |  |
|                                      |                     |  |         |          |  |                                 |      |  |      |            |                       |  |
| For use by maintenance department    |                     |  |         |          |  |                                 |      |  |      |            |                       |  |
| Accepted by                          |                     |  |         |          |  |                                 | Date |  | Date |            | Assigned work order # |  |