

REQUEST FOR CUSTODIAL / MAINTENANCE SERVICE

Requesting person: _____ Date: _____

Campus/Building: _____ Room #: _____

Service requested: _____

_____ Emergency _____ Priority _____ Regular

Approved by: _____ Date: _____

Work to be performed by: _____

CUSTODIAL / MAINTENANCE USE ONLY

Comments: _____ Date Started: _____

_____ Time Started: _____

_____ Date Completed: _____

_____ Time Completed: _____

_____ Total Time: _____

When completed, initial and return form to office of individual authorizing service. _____

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