



Golden Hills School Division No. 75  
**Maintenance Service Request Form**

Facility Name \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_

To: ☐ Maintenance Fax 403-934-5125 EMERGENCY

Description of repair or maintenance or service requested. Please check box(es) that apply:

- |                                            |                                              |
|--------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> EMERGENCY         | <input type="checkbox"/> REGULAR MAINTENANCE |
| <input type="checkbox"/> EQUIPMENT REPAIRS | <input type="checkbox"/> 48 HOURS            |
| <input type="checkbox"/> VANDALISM         | <input type="checkbox"/> OTHER               |

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Request by (Please Print) \_\_\_\_\_

Approved by Principal or Associate Principal \_\_\_\_\_

FOR MAINTENANCE DEPARTMENT USE ONLY			
Material Used	P.O. #	Man Hours Utilized	
		Worker	Hours

Comments: \_\_\_\_\_

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Date Assigned

☐ DEFERRED \_\_\_\_\_

\_\_\_\_\_

Date Completed

\_\_\_\_\_

Signature

PLEASE MAKE A COPY FOR YOUR SCHOOL RECORDS