

FACILITIES REPAIR / MAINTENANCE REQUEST FORM

FACILITIES MANAGEMENT
DISPATCH 694-4400 FAX 694-4426

REQUESTER	DEPT NAME	DEPT NO	COST CENTER	DATE
	REQUESTER	OFFICE LOCATION (RM #)	PHONE	PAGER
	CONTACT PERSON (If different from REQUESTER)	OFFICE LOCATION (RM #)	PHONE	PAGER
WORK	LOCATION OF REPAIR / MAINTENANCE WORK <i>(Provide Building and Room Numbers)</i>			
	GIVE COMPLETE AND ACCURATE DESCRIPTION OF WORK TO BE DONE <i>(Attach sketches if necessary)</i>			
FACILITIES MANAGEMENT USE	<input type="checkbox"/> PROCEED WITH REPAIR / MAINTENANCE REQUEST.		WHAT DOES NOT CONSTITUTE A REPAIR / MAINTENANCE WORK ORDER REQUEST: 1. Any modifications to your area (i.e., shelving, work surfaces) 2. Any new equipment installations or furnishings 3. Any relocations of equipment / workstations / shelving	
	<input type="checkbox"/> RETURN TO REQUESTER TO FILL OUT A <u>PROJECT REQUEST FORM</u> . FOR QUESTIONS, CONTACT THE FACILITIES REPRESENTATIVE LISTED BELOW.			
	_____ FACILITIES REPRESENTATIVE PHONE # _____			
	_____ DATE RETURNED TO REQUESTER		WORK ORDER # _____	
	REQUEST SENT VIA: FAX [] OFFICE MAIL []		DATE RECEIVED IN FM: _____	
	TRADES INVOLVED CARPENTERS ELECTRICIANS EQUIPMENT TECH FLEET MAINT. GENERAL MAINT. x HVAC MECH LOCKSMITH PAINTERS PLUMBERS WELDER FLOORING FURNITURE SIGNS		NOTES:	
UMC 00-21 (R 7/00) P:\Forms\Repair Request Form.doc				

NOTE: REQUESTER SHOULD KEEP A COPY OF THIS REQUEST FORM FOR REFERENCE.