

# Rosemary Square

## FACILITIES REPAIR / MAINTENANCE REQUEST FORM

Operations Management

Please email this completed form to Stephen & Ryan at [STravers@related.com](mailto:STravers@related.com) & [RHallihan@related.com](mailto:RHallihan@related.com)

<b>R E Q U E S T E R</b>	TENANT NAME		SUITE NUMBER		DATE	
	CONTACT PERSON		EMAIL ADDRESS		PHONE NUMBER	
<b>W O R K</b>	LOCATION OF REPAIR WITHIN PREMISES / MAINTENANCE WORK <i>(Provide Building)</i>					
	GIVE COMPLETE AND ACCURATE DESCRIPTION OF WORK TO BE DONE <i>(Attach sketches if necessary)</i>					
<b>F A C I L I T I E S  M A N A G E M E N T  U S E</b>	<b>MAINTENANCE REPAIR COMPLETION</b>          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:		DATE RECEIVED IN RA1:	
	CONTRACTORS INVOLVED		NOTES:			
	<b>CARPENTERS:</b>					
	<b>ELECTRICIANS:</b>					
	<b>EQUIPMENT TECH:</b>					
	<b>HVAC MECH:</b>					
	<b>LOCKSMITH:</b>					
	<b>PAINTERS:</b>					
<b>PLUMBERS:</b>						
<b>WELDER:</b>						
<b>FLOORING:</b>						
<b>ROOFING:</b>						
<b>SIGNS:</b>						
NOTE: REQUESTER SHOULD KEEP A COPY OF THIS REQUEST FORM FOR REFERENCE.						