



SLCC Blinds/Roller Shade Work Order Form

Please, fill individual forms per floor/room, even if they are in the same building

Work Order#: _____

Date: _____

Campus: _____

Contact Person: _____

Building: _____

Contact Phone: _____

Room #: _____

Email: _____

Type of blinds:

Request:

Mini Vinyl Blinds

Repair blinds Missing/Broken parts

Roller Shade

Electric Motor

New blind

New roller shade

Please explain in detail work order needs:

Once completed, send as an attachment via e-mail to FixIt@slcc.edu

Revised 12/11/2019