

# Building Care & Maintenance Request

Deliver completed request to the office

Request Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Requester Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Request Information

Description of what needs to be done including location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Impact the item is having on operations:

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Reason for Request (choose one):

- Health/Safety (Trip Hazard, Code Violation, clogged drain, etc.)
- Functionality (ex: door/window issue/latching, loose screws, small leaks, etc.)
- Cosmetic (ex: paint or clean)
- Other: (Specify) \_\_\_\_\_

Requested time frame to complete:

- 1-2 days     1 week     1 month     Negotiable

## To be completed by maintenance staff

Work done by:     Maintenance     Custodian     Contacted Trustees  
Work Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_