Building Care & Maintenance Request
Deliver completed request to the office

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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:

_____

_____

_____

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: ___/___/___