

Room/Area Maintenance Request

Date: _____

Room Number/Area: _____

Priority

- Emergency – Health or Safety Issue** (*Report Immediately to Office*)
- As Soon As Possible – Not critical to health/safety or program operation**
- Put on Maintenance Schedule**
- Summer or School Vacation**
- Problem or Concern:** *Please be specific about the problem or concern*

(By) TV Staff Member: _____

Principal/Supervisor: _____ **Date:** _____

District Maintenance Office Use:

Date Received: _____

Assigned to: _____ **Date:** _____

Date Completed: _____ **By:** _____

District Maintenance Supervisor Signature

Date

Cc: Principal
District Office File
Maintenance Office File