



MAINTENANCE WORK ORDER REQUEST

Date of Request: _____

Department/Agency: _____

Contact Person: _____ Phone#: _____

Description of Work Request:

Select Appropriate Box: X

- | | |
|---|--|
| <input type="checkbox"/> *Emergency Maintenance | <input type="checkbox"/> Non-Emergency Maintenance |
| <input type="checkbox"/> Preventive Maintenance | <input type="checkbox"/> Cable Routing |
| <input type="checkbox"/> Stocking Supplies | <input type="checkbox"/> Custodial Services |
| <input type="checkbox"/> Other _____ | |

Authorization for Work Order Request _____
Dept. Mgr./Supervisor

*If request is an emergency phone in the request.

Maintenance Numbers:

Maintenance Supervisor's Office	559-6452
Maintenance Shop	- 523-6613
Maintenance Fax	559-6466
Mike Wiggins	- 521-9561 (Cell)
David Edwards	(252) 560-4654 (Cell2)
Paula Sutton	(252) 286-6534 (Cell1)
David Edwards	(252) 526-6245 (Pager)
Doug Wilson	(252) 282-0115 (Pager)

MAINTENANCE USE ONLY:

Date Work Order Completed: _____

Completed By: _____

Description of Work Performed:

Completed as Requested _____ **By** _____

Other: _____

Explanation of Rescheduled or Cancelled Work Orders:

Rescheduled Date: _____

Explanation: _____

