Chimes
Empowering People, Enriching Lives

Priority (check one)
- ◯ 1. Most Urgent
- ◯ 2.
- ◯ 3.
- ◯ 4. No Urgency

Maintenance Request Form

******All Requests are to be forwarded to Director of Facilities******

Location (Name of Site):_____

Description of Problem (Be Specific):

What area in site is problem located (Describe where – don't use someone's name)?

Please note, you may put multiple jobs for a single site on this form.

Completed by:_____ _____ _____
Signature/Title Phone No. Date

Approved by:_____ _____ _____
Signature/Title Phone No. Date

For Maintenance Staff Use Only

Date Form Received:_____ Date Work Assigned:_____

Work Assigned To:_____

Outside Contractor Called ❑ Yes ❑ No Contractor Name:_____

Completed By:_____ Date Completed:_____

NOTES: