

## Fall 2018 Maintenance Requests

Name: \_\_\_\_\_ Local: \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Date Required: \_\_\_\_\_

Please complete all sections of the form below with as much detail as possible.

### Description of Maintenance Required (*ex. painting, carpet repairs*)

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### Rationale for Request (*Attach supporting documents*)

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Approved by: \_\_\_\_\_  
(Budget Officer) (Print)

\_\_\_\_\_  
(Signature)

### Cost Estimate (*to be completed by Facilities*)

Item #	Description	Estimate
	<b>Total:</b>	

Please note that you may be contacted by the Facilities Department for further information. This form is not intended for renovation requests which must go through a separate FACSAC process.