USD 339 Request For Custodial/Maintenance Service

Top portion to be filled out by requesting individual only

Requesting person _____ Date _____

Campus _____Location_____ Building _____Room#_____

Work requested _____

_____

_____

********Please Route To Buildings & Grounds Coordinator********

For completion by Buildings & Grounds Coordinator only

When needed: ☐ Emergency ☐Priority ☐ Regular ☐Summer

Work to be performed by: ☐ Custodian ☐ Head Custodian ☐ B&G Coordinator ☐ Other

Materials/Equipment Cost $_____Time started _____

Completed by _____Date completed _____

If Contracted: Company Name _____

Address _____

Authorized by Administration Only

Approved by _____ Date_____