

Dormitory Maintenance Form

REQUESTER	Student Name: _____ ID #: _____ Room # : _____ Date: _____
	Work requested <input type="checkbox"/> Carpentry <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Lock & Key <input type="checkbox"/> Others
	Description of work needed _____ _____ _____ _____
	Task assigned to: _____ Date work assigned: _____ Description of work completed: _____ _____ _____ Materials used: _____ _____ _____ Time needed: _____ Date work completed: _____ Maintenance Supervisor : _____ Director of Campus Support Services : _____
Requester Assessment	Job completed satisfactorily: Yes No <input type="checkbox"/> <input type="checkbox"/>
	If not completed, state the reason: _____ _____ _____
	_____ _____