

FACILITY SERVICE REQUEST			
<i>PLEASE PRINT CLEARLY</i>			
REQUESTOR'S NAME:		DATE:	
Contact # / Extension:	Degree of Priority: Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme <input type="checkbox"/> (Repair within) (10 days) (5 days) (3 days) (ASAP) <i>(Facility Manager will determine the final degree of priority)</i>		
LOCATION <i>(Please circle or check one)</i>			
Academy <input type="checkbox"/>	Administrative Offices <input type="checkbox"/>	Chapel <input type="checkbox"/>	Dining Hall <input type="checkbox"/>
Family Life Center <input type="checkbox"/>	Grounds <input type="checkbox"/>	Gymnasium <input type="checkbox"/>	Kitchen <input type="checkbox"/>
Preschool <input type="checkbox"/>	Sanctuary <input type="checkbox"/>	Other: _____	
DESCRIPTION OF REQUEST			
Requestor's Signature: _____			
ADMINISTRATIVE USE ONLY SERVICE DETAILS			
Request Inspected by: _____		Date: _____	
Degree of Priority: <i>(Please circle one)</i> Agree with above Disagree with above		*Status after Inspection: <i>(Please circle one)</i> Complete Incomplete Pending parts	
Amount of time to complete task: _____		Under Observation Working solution provided	
Special Requirements/*Comments:			
Work conducted by: <i>(Please circle one)</i> FBCM Other			
Contractor: _____		Phone: _____	
Date Contracted: (if other) _____		Start of Service: _____	End of service: _____
FACILITY MANAGER <i>(complete upon final inspection)</i>			
Remarks: _____			
Signature: _____		Date: _____	