

Repair Work Order Request

Requester:

Client name:

Date:

Time:

Email:

Phone:

Requested due date:

Request Details:

Location:

**Equipment/
Asset:**

Repair Type:

Automotive

Grounds

Custodial

HVAC

Electrical

Painting

Furniture

Pest Control

Plumbing

Safety

Security

Other

**Preferred times
for service:**

Urgency:

Low

Medium

High

Facility Manager

Technician assigned:

	Date of assignment:	
	Due date:	
		Approved by:
	Technician:	
	Description of work performed:	
	Additional comments:	
	Labor hours:	
	Materials used:	
	Total cost:	