



Lake County Office of Education

Maintenance / Custodial Work Request

Date of Request: _____ Requesting Party: _____

Work Location: _____

Contact Person _____ Phone Number _____

Description of work/repair:

Budget Code to be charged for materials (if applicable):

Program Director's Signature: _____ Date: _____

Requested Priority:

- High - Must be done within 24 hours.
- Medium - Within the week.
- Low - When you get a chance.

For Office Use Only:

Date Reviewed: _____ Priority Assigned: _____

Authorized By: _____

Comments:

Date Work Assigned: _____ Work Assigned To: _____

Date Work Completed: _____