

LEVYCOUNTY CONSTRUCTION AND MAINTENANCE
REQUEST FORM
(Please return form to the County Commissioners Office – Fax 486-5167)
ATTN: Wilbur Dean

Date: _____

Office: _____ Location of equipment: _____
(Bldg/Room/Name)

Requested by: _____

Type of equipment: _____ Model: _____

Property #: _____ Serial #: _____

Brief Description of work request:

.....
(To be completed by Construction & Maintenance Personnel)

Repaired by: _____ Start repair: _____ AM/PM

Completed: _____ AM/PM

Follow up Repairs Needed? _____ Yes _____ No

.....
(To be completed by Construction & Maintenance Supervisor)

Date Received: _____ Date Checked: _____

Action Taken: _____

Repair by: _____ Date: _____