

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: \_\_\_\_\_