

FACILITIES MANAGEMENT WORK ORDER

Kimlyn Lambert, Executive Director

Oscar Hicks, Facilities Manager 497-7619

Work Order No. _____

Mary Hill, Facilities Clerk 497-7619
Fax # 497-7360

Date _____

Person requesting work _____ Phone # _____

Program Manager Signature _____

Building #/Office/Location _____

Type of Work _____ Emergency _____ Building _____ Grounds
 _____ Landscaping _____ Maintenance _____ Construction
 _____ Fire Marshall Requested _____ Insurance Co Requested

Description of Work Requested: _____

(For Facilities Use Only)

Job Start Date _____ Employee Name _____

Job End Date _____ Employee Name _____

I verify the above work was completed to my satisfaction.

Program Manager/Employee

Comments: _____

NOTE: If you request is not an emergency, please allow at least 7 days for this work to be initiated. If you have not had any confirmation of your request after 7 days please telephone the clerk at 497-7619. All work orders need to be routed through the mail at the Council House. Do not give work orders to Facilities employees.