



# MAINTENANCE REQUEST FORM

**DATE:** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_ **ROOM #** \_\_\_\_\_

**PERSON MAKING REQUEST:** \_\_\_\_\_  
Principal Teacher Administrator Other

**Contact #** \_\_\_\_\_ **Email:** \_\_\_\_\_  
(optional)

**TYPE OF REPAIR:** \_\_\_\_\_  
(Please provide as much detail as possible)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Principal**

\_\_\_\_\_  
**Signature of person making request**

**THIS FORM SHOULD BE FAXED TO 662-224-3607**

## OFFICE USE ONLY

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Approval to make Repair: \_\_\_\_\_ Date: \_\_\_\_\_

Date Repair Completed: \_\_\_\_\_

Maintenance Supervisor: \_\_\_\_\_