

**Lucia Mar Unified School District  
Transportation Department  
Request for Service**

Date: \_\_\_\_\_ Department: \_\_\_\_\_ Vehicle #: \_\_\_\_\_

Approved by: \_\_\_\_\_

Signature: \_\_\_\_\_

**Check box for General Maintenance Service; oil change, inspection of tires, brakes, lights and wiper blades**

List all other repair requests/describe problem:

Transportation only  
Invoice # \_\_\_\_\_ Appointment set for: \_\_\_\_\_  
Work performed by: \_\_\_\_\_ Date completed: \_\_\_\_\_

EMAIL COMPLETED FORM TO **SHARON.HARWIN@LMUSD.ORG** TO SCHEDULE AN APPOINTMENT

\*\*\*NOTE\*\*\*

School Bus maintenance must take priority. Scheduled appointments may be subject to change