

Facilities Maintenance Request Form Items to be Mounted /Changed/Repaired

Requested By: _____ Contact Number: _____

- I have an item to be hung or mounted on a wall.

What is the item? _____

Where will it be mounted?

Room: _____

Wall: _____

What is the purpose? _____

How does the items need to be mounted?

- CPC Staff
 Hired/approved contractor (fee will be paid by person/group requesting service)
 Other (explain) _____

How long will it be there?

- Permanent
 Other (explain) _____

- I have a change to a room

What is the change and why (please be specific) _____

- I have a maintenance request: _____

Signature: _____ Date: _____

Approved by Facilities Committee: Yes No

Approved By: _____ Date _____