FLAGSTAFF BORDERTOWN DORMITORY WORK REQUEST FORM

TODAY'S DATE:	Student Name:
	Staff Name:
TYPE OF WORK:	1. Replenish Supplies/Chemicals 2. Maintenance Needed 3. Door locks/Key Card
	4. Ink Supply for Xerox - Ethan Hansen, IT Technician
	5. Heating/Cooling - Arron Lee, Facility Manager
LOCATION OF WOR	K AREA:
1. NU 2. NL	3. Culture Room 4. Admin. office/Storage 5. SU 6. SL
7. 1st Isolation Room	8. 2nd Isolation Room
9. 703 bldg. 10. Kit	tchen 11. Dining area 12. Gym 13. Grounds (specify area outside)
OTHER (be specific)	:
	PLEASE PUT THE REQUEST IN BOX
You	R COOPERATION IS GREATLY APPRECIATED
ROOM NUMBER:	
	, please include description of problem (Describe as best as you can).
Requesting for Repairs	, please include description of problem (Describe as best as you can).
	
	
	Thank you, Facility Department
	FACILITY DEPARTMENT USE
	Work Completed on:
Completion of work – I	Please identify all items used and parts replaced:

Revised On: 01/09/2024 FACILITY DEPARTMENT Revised By: Facility/IT