

**Physical Properties/Residence Life
Work Order Request Form**

Date: _____ Time: _____ a.m./p.m.

Room: _____ Hall: _____ Phone: _____

Work Requested (please be specific): _____

Signature of Person Making Request

(Physical Properties staff may enter your room without your presence. Please keep requested area free of clutter.)

Residence Life Use Only

Date Received: _____ Hall: _____ Worf #: _____

Physical Properties Use Only

Date Received: _____ Work Order #: _____

Date Completed: _____

If not completed, why? _____

Other Comments: _____

Repair Type

_____ Student Damage

_____ Corrective/Maintenance

Labor Cost: _____

Material Cost: _____

Total Cost: _____

Bill to student? ___Yes ___No