

# W. S. Neal High School Maintenance Request

Date: \_\_\_\_\_

Room #: \_\_\_\_\_

Person Making Request: \_\_\_\_\_

Description of Problem:

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**If Air Conditioning/Heating, complete the following:**

Time: \_\_\_\_\_

Temperature Reading on Thermostat \_\_\_\_\_

Humidity Reading on Thermostat \_\_\_\_\_