

Odem-Edroy I.S.D.  
Request for  
MAINTENANCE/REPAIR

Today's Date: \_\_\_\_\_ Campus: \_\_\_\_\_

Room Number/Location: \_\_\_\_\_

The following item(s) need attention:

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Person making request: \_\_\_\_\_

Principal/Director's Signature: \_\_\_\_\_

If requesting for Program:

1. Date of program: \_\_\_\_\_
2. Starting Time: \_\_\_\_\_ Closing Time: \_\_\_\_\_
3. Do you need Cafetorium? Yes/No
4. Number of chairs needed: \_\_\_\_\_
5. Arrangement of chairs: (Please draw diagram of setup on backside of request form)
6. Is microphone needed? Yes/No
7. Refreshment tables needed? Yes/No                      If so, how many? \_\_\_\_\_

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Maintenance Office Use Only:

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

Project assigned to: \_\_\_\_\_

Supplies/Materials needed: \_\_\_\_\_

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Project completed on: \_\_\_\_\_

Maintenance Director Signature: \_\_\_\_\_