



**La Paz County
Facilities Maintenance
Work Request**

Person Requested Work: _____ Date: _____ Time: _____

Department: _____ Telephone: _____

Description of Work Requested:

Materials - Charge to Account Code _____

Name of Department Head

Date Requested for Completion: _____

(TO BE COMPLETED BY THE MAINTENANCE DIVISION ONLY!)

Received by: _____ Date: _____

Approved for Action: _____ Date: _____

Work Assigned to: _____

Start Date: _____ Completion Date: _____

Comments:
