



READS

MAINTENANCE WORK ORDER

DATE: _____

PROGRAM: _____

LOCATION/CLASSROOM: _____

TEACHER/PROGRAM DIRECTOR _____

PLEASE CHECK AS APPROPRIATE:

_____ EMERGENCY _____ GENERAL MAINTENANCE _____ REQUEST

DESCRIPTION – PLEASE BE VERY SPECIFIC IN TERMS OF THE LOCATION AND NATURE OF THE PROBLEM

THIS FORM MUST BE PROCESSED AS SOON AS THE PROBLEM IS KNOWN (I.E., THE SAME DAY!)
PLEASE KEEP A COPY FOR YOUR RECORDS.

FOR OFFICE USE ONLY

SERVICE CALL TO:

PHONE:

DATE:

DATE COMPLETED:

Please save a copy of this form to your computer and email to drichards@readscollab.org.