

Stockbridge-Munsee Community
Property & Equipment Department
Work Order Form

Print Name: _____ Department: _____ Date: ____ - ____ - ____

Work Requested

- | | | |
|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Heating/Air Conditioning | <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Structural/ Building | <input type="checkbox"/> Grounds Work | <input type="checkbox"/> Furniture |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Painting | <input type="checkbox"/> Other |

Brief Explanation of Problem: _____

Department Manager's Signature

Date

Facilities Maintenance Manager Signature

Date

When you have completed the work order form, send to Charles Gardner via Interoffice mail, email or by faxing to (715)793-4878.

----- **P&E Office Use Only** -----

Date Assigned: ____ - ____ - ____

Assigned to: _____

Date Completed: ____ - ____ - ____

Completed by: _____

Notes: _____

