



Facilities Management • Customer Service

251-6564

Request for Services

Work Order # Assigned : _____

Date Received by Customer Service: ____/____/____

Print a copy of this form . Complete the fields below. Save a copy for your records.

Forward the signed, original form to: Facilities Management / Customer Service /CPO#1100.

Department: _____ Work Order # Assigned: _____

Account Number: ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Requested Completion Date: _____

Estimate Requested? Yes No

Date: _____ Requested By: _____ EXT: _____

Requester's Email: _____ CPO#: _____

Building Name: _____ Room #: _____

Departmental Approval: _____

VC Approval (if needed): _____

Description of Request: _____

Please send to Customer Service @ CPO #1100

Date Received by FM: _____

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If this Request for Services is for an event, please include a completed copy of the **Events Checklist**. The Request for Services and the Events Checklist forms **must** be submitted to Customer Service no less than **14 days** before the event.