

LORAIN ISD  
WORK REQUEST

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

CLASS/LOCATION OF ROOM: \_\_\_\_\_

The following is a list of repair needs for my classroom/office:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

\_\_\_\_\_  
Approved by Supt

\_\_\_\_\_  
Date

\_\_\_\_\_  
Completed by Maint.

\_\_\_\_\_  
Date

COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_