**  
FACILITY WORK ORDER**

Date of Request: Click here to enter a date. Requested by: Click here to enter text.

Phone #: Click here to enter text.

Type of Repair Needed (Please check area(s) in need of attention):

|  |  |  |
| --- | --- | --- |
| Appliance | Fire/Safety | Lock/Door Repair |
| Custodial | Glass Repair | Plumbing |
| Electrical / Lighting | Heat or A/C | Preventive Maintenance |
| Other Click here to enter text. | | |

Problem/Defect: Click here to enter text.

Exact location: Click here to enter text.

**PLEASE EMAIL THIS WORK ORDER TO MAINTENANCEREQUESTS@BWCAR.ORG.**

**Work Order Completed By:** Click here to enter text. **Date:** Click here to enter a date.

**Revised 1.24.2017/jCohen/P:FORMS/FacilityWorkOrder-Fillable**