

MAINTENANCE REQUEST FORM

Date: _____ Room #/Location: _____

Person Making Request: _____ Priority: _____

Priority Levels:

- 1. Emergency, must be done now.
- 2. Needs to be done ASAP
- 3. Perform as time and funds are available.

Requested Maintenance:

To be completed by Crosswalk Staff/Deacon

Checked/Repaired by: _____

