



Department of Engineering Science and Materials
MAINTENANCE OR SERVICE FORM



RELATED TO:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Electricity |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Projector | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Paint | <input type="checkbox"/> Desk or bookshelf | <input type="checkbox"/> Other |

Name: _____
Place: _____
Problem Description: _____
Available Days & Hours: _____
Date: _____

For Department Use Only:

Action: _____
Assigned to: _____ Date: _____
Done by: _____ Date: _____
Results: _____



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