

# Highland Rim Head Start Maintenance Work Order



Date of Request: \_\_\_\_\_ Requesting Party: \_\_\_\_\_

Work Location: \_\_\_\_\_

Description of Work/Repair:

Requested Priority:

High– Must be done within 24 hours

Medium– Within the week

Low– When you get the chance

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## **For Office Use Only:**

Date Reviewed: \_\_\_\_\_ Priority Assigned: \_\_\_\_\_

Comment:

Date Work Completed: \_\_\_\_\_ Number of Days to Complete: \_\_\_\_\_

Work Assigned To: \_\_\_\_\_