

VEHICLE MAINTENANCE REQUEST

DATE _____

TIME _____

VEHICLE # _____

Name of Person Completing Report _____

Phone Extension _____

Cell Phone _____

INSTRUCTIONS TO DRIVER: Describe problem/s below. If an emergency exists, call ext. 8-5540 immediately. If not, give this form to your supervisor.

INSTRUCTIONS TO SUPERVISOR: Fill out your portion below. If request is routine, mail this form to Transportation Services. If an emergency exists or immediate attention is required, call extension 8-5540. **Work CANNOT BEGIN without this completed form.**

(please print)

To be filled out by Supervisor

Please make the necessary repairs:

Immediately
(emergency situation)

ASAP

At next scheduled P.M. check

Supervisor's Signature: _____

Phone: _____

Date: _____