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: ___________