

Skykomish School District #404
Maintenance Request

Person making request: _____ Date: _____

Request: ___ Repair Priority: ___ Crisis - safety hazard
 ___ Cleaning ___ Maintenance
 ___ Other ___ Improvement

Location: _____

Description: _____

Action Taken

By Whom: _____ Date: _____

Estimated cost: _____ Superintendents Approval _____
Signature

Description: _____

Completed: ___ Yes ___ No