

# Lowndes County Public School Service Request

School/Dept. \_\_\_\_\_

Request Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Requested by \_\_\_\_\_  
(Principal/Dept. Head)

Signature \_\_\_\_\_  
(Principal/Dept Head)

**I. Service Codes** *(Circle Appropriate Letter)*

- |                        |                       |                    |                       |
|------------------------|-----------------------|--------------------|-----------------------|
| A. Air Conditioning    | F. Cooler/Freezer     | K. Heating         | P. Plumbing           |
| B. Carpentry           | G. Doors/Locks        | L. Lighting        | Q. Security Equipment |
| C. Carpet              | H. Electrical         | M. Moving/Hauling  | R. Stove/Oven         |
| D. Ceilings            | I. Equipment Disposal | N. Paving/Striping | S. Walls              |
| E. Computer/Technology | J. Grounds            | O. Pest Control    | T. Other              |

**II. Description of Work To Be Performed** *(Use Separate Service Request For Each Code)*

\_\_\_\_\_  
\_\_\_\_\_

*To Be Completed by Technician*

**II. Materials and Supplies** *(Asterick denotes in-stock items)*

Purchase Order Number \_\_\_\_\_  
Vendor Name \_\_\_\_\_ Address \_\_\_\_\_

Quantity	Model #	Item	Price	Extended Price

**IV. Worked Performed**

Date: \_\_\_\_\_

Start Time: \_\_\_\_\_  
Start Time: \_\_\_\_\_  
Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
End Time: \_\_\_\_\_

Comments \_\_\_\_\_

**V. Validation**

Date Work Completed \_\_\_\_\_

Signature of Person Requesting Work \_\_\_\_\_ Signature of Technician \_\_\_\_\_

*(Sign only if job is completed)*