

Virginia University of Lynchburg
Maintenance Request Form

Date of Request: ____/____/____

Student Name: _____

Staff Name: _____

Work Location (Please check one):

Allen [] Fox [] Wilson [] Rogers [] Big House []

Little House [] Graham [] Humbles [] Laundry Mat [] MJC []

School of Religion [] Yellow House [] Equipment Shed []

Room #/Office Space: _____

Description of work/repair:

Requested Priority:

[] High- Please do within 24 hours

[] Medium- Please do within a week

[] Low- When you get a chance

For Office Use Only:

Date Reviewed: ___/___/___ **Priority Assigned:** _____

Authorized by:

Comments:

Date Work Completed: ____/____/____

Number of Days to Complete: _____