

**BROWARD COMMUNITY COLLEGE  
REQUEST FOR REPAIRS/SERVICE**

Organizational Unit Number: \_\_\_\_\_ Date: \_\_\_\_\_

Organizational Unit Name: \_\_\_\_\_ Approved: \_\_\_\_\_  
Dept. Head

Location: \_\_\_\_\_ Dean's Actions: \_\_\_\_\_

Requested By: \_\_\_\_\_ Forwarded: \_\_\_\_\_

Routine:  Urgent:  Approved: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Describe Work Required:

Requested Completion Date: \_\_\_\_\_ Request Number: \_\_\_\_\_  
(Original and one (1) copy required by Physical Plant Department)

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**PHYSICAL PLANT WORK ORDER**

Lead Section: \_\_\_\_\_ Number: \_\_\_\_\_

Instruction:

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

Approved: \_\_\_\_\_

9/15/2000

