

# WORK REQUEST FORM - FACILITIES MANAGEMENT

**For setups, moving or cleaning, this form is to be sent to Custodial Services Customer Services Coordinator**

Fax: (905) 984-4858    Email: [custodial@brocku.ca](mailto:custodial@brocku.ca)

**For maintenance requests (repairs, minor alterations, lighting), this form is to be sent to Maintenance & Ops/ Campus Planning, Design & Construction Customer Service Coordinator**

Fax: (905) 688-6894    Email: [facilities.management@brocku.ca](mailto:facilities.management@brocku.ca)

Request for Estimate ☐

Request for Initiation of Work ☐

## ORIGINATOR:

|           |                |   |
|-----------|----------------|---|
| Name      | Faculty / Dept | Date Submitted                                      |
| Telephone | Email          | Prior Notification Needed? <input type="checkbox"/> |

## LOCATION:

|          |          |
|----------|----------|
| Building | Room No. |
|----------|----------|

**WHAT** is to be done: *(Describe scope of work, including any demolition, structural, electrical, mechanical, grounds work, equipment installation, moving, set-ups, cleaning. etc.)*

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**WHY** work is required:

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| <br><br> |
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**WHEN** *(Indicate any scheduling constraints or dependencies and the desired completion date)*

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## FUNDING SOURCE:

|             |               |
|-------------|---------------|
| Account No. | Authorized By |
|-------------|---------------|

## FACILITIES MGMT USE ONLY

☐ Work Order No.

☐ Not Approved

Signature

Date