

BIBB COUNTY MAINTENANCE REQUEST FORM

FAX NUMBER 205-926-7578

DATE _____ SCHOOL: _____

ROOM/LOCATION: _____

DESCRIPTION OF PROBLEM: _____

ADDITIONAL INFORMATION: _____

THIS FORM MUST BE FILLED OUT COMPLETELY AND SIGNED BY THE PRINCIPAL OR ASSISTANT PRINCIPAL DESIGNEE. IF NOT SIGNED BY PROPER AUTHORITY THE FORM WILL BE RETURNED FOR APPROVAL.

PRINCIPAL: _____ DATE: _____

COMPLETION DATE: _____ BY: _____