STOCKBRIDGE-MUNSEE COMMUNITY
Property & Equipment Department
MAINTENANCE REQUEST & WORK ORDER

**THIS SECTION TO BE COMPLETED BY PERSON REQUESTING WORK**

PRINT NAME: 
BUILDING: 
WORK REQUESTED:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
SIGNATURE: 

**WHEN COMPLETE EMAIL TO CLIFTON PECORE: Clifton.Pecore@mohican-nsn.gov

**THIS SECTION TO BE COMPLETED BY P&E STAFF ONLY**

ASSIGNED TO: 
DATE: 

MATERIALS USED AND WORK COMPLETED:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

ASSIGNEES SIGNATURE AND DATE COMPLETED: 

FACILITIES MAINTENANCE MANAGER SIGNATURE: 

IF INCOMPLETE, EXPLAIN:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________