

**DEPARTMENT OF PROPERTY MANAGEMENT
INTRA- DEPARTMENT WORK, SERVICE, OR REPAIR REQUEST**

AGENCY REQUESTING WORK _____

EXACT LOCATION OF WORK _____

CONTACT PERSON WITHIN YOUR DEPARTMENT _____

PHONE NUMBER/ EXTENSION _____

LIST WORK TO BE PERFORMED (BE SPECIFIC AS POSSIBLE)

PRIORITY WHICH YOU FEEL SHOULD BE ASSIGNED TO THIS WORK:

URGENT NEED AS SOON AS POSSIBLE WORKLOAD PERMITTING

DEPARTMENT HEAD: WORK REQUEST MUST BE SIGNED BY DEPARTMENT HEADS OR DEPUTY. PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS. FORWARD ORIGINAL. TO DIRECTOR, DEPARTMENT OF PROPERTY MANAGEMENT, ROOM 2W03, CITY HALL. IF WORK IS NOT INITIATED IN A THREE (3) WEEK PERIOD, PLEASE SUBMIT A SECOND REQUEST AND INDICATE THIS ON YOUR REQUEST.

I/WE VERIFY THAT THIS WORK WAS COMPLETED AS PER OUR INITIAL REQUEST:

REQUESTING AGENCY'S REPRESENTATIVE

DATE

**PLEASE RETURN THIS FORM TO THE DEPARTMENT OF PROPERTY
MANAGEMENT, ROOM 2W03, CITY HALL**

(FOR OFFICE USE ONLY)

DIVISION: PUBLIC BUILDINGS
ENGINEERING
CUSTODIAL

(FOR OFFICE USE ONLY)

RECEIVED BY ASSIGNED DIVISION (DATE)

ASSIGNED TO:

DESCRIBE FULLY WHAT ACTION WAS TAKEN:

LIST ANY MATERIAL OR SUPPLIES, OR CONTRACTUAL SERVICES USED IN
COMPLETING THIS WORK:

SIGN UPON COMPLETION OF WORK

SUPERVISOR

DATE