



# Department of Facilities Management

Ministry of Communications and Works

## SERVICE REQUISITION FORM

### **GENERAL INFORMATION** (All fields must be completed)

**SERVICE NO.:** \_\_\_\_\_ / \_\_\_\_\_

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DEPT/MINISTRY:** \_\_\_\_\_

**CONTACT NO.:** \_\_\_\_\_

Please provide as much information below that may assist the Maintenance Team to attend your requests.

<b>SERVICE AREA 1</b>	
Work Completed? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If No, Reason:	
Maintenance Officer (Print Name):	Date:
<b>SERVICE AREA 2</b>	
Work Completed? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If No, Reason:	
Maintenance Officer (Print Name):	Date:
<b>SERVICE AREA 3</b>	
Work Completed? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If No, Reason:	
Maintenance Officer (Print Name):	Date:
<b>SERVICE AREA 4</b>	
Work Completed. YES <input type="checkbox"/> NO <input type="checkbox"/>	
If No, Reason:	
Maintenance Officer (Print Name):	

I acknowledge that the works listed on this **Service Requisition Form** was checked by me and the job(s) listed were completed to satisfaction based on our service standards.

Deputy Director or Senior Maintenance Officer: ..... Date.....