## STARK COUNTY EDUCATIONAL SERVICE CENTER

## **Maintenance/Service Request Form**

Building	Date Submitted
Room Number	
Priority:   1) Emergency  2) Affects the smooth flow of  3) Desired	<sup>f</sup> operation
If repairs are due to vandalism, please chec	k □
Description of request:	
Manufacturer	
Model Number	
Associate Signature	
Please forward to Business Operations Office	ce.
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BUSINESS OPERA	ATIONS OFFICE USE ONLY
Date received in Business Operations Office	e
Date work is scheduled	
Assigned to	
Date work completed	