

HOLLISTON PUBLIC SCHOOLS

MAINTENANCE WORK ORDER

Date: _____ Building: _____ Room #: _____

NATURE OF PROBLEM/REPAIR: _____

Requested By: _____ Approved By: _____
(Building Principal's Signature)

Send to Maintenance Director – Central Office

Received by Maintenance Dept. _____
(Date)

Work Completed:

Date: _____ Completed By: _____

Remarks: _____

Please send copy of completed Work Order to Building Principal