

BEE COUNTY
MAINTENANCE WORK ORDER

Please fax your request to 361-492-5980

Name: _____ Date: _____

Department: _____ Location of Problem: _____

Phone Number: _____ Extension: _____

Explain the problem:

Steps taken to repair:

Date submitted to supervisor: _____ Supervisor Signature: _____

Date completed: _____

Completed by: _____ Signature: _____