

Date Submitted: _____

ST. MICHAEL the ARCHANGEL



MAINTENANCE REQUEST / SET-UP REQUEST

REPAIRS:

School Rectory Convent Church

Location: _____

Date / Time Repair Needed By: _____

Contact Person & Room / Phone Number: _____

Description Of Repair Needed: _____

Completed By: _____ Date Completed: _____

SET UP:

Room: Cafeteria Gym Other _____

Name Of Event: _____

Event Date: _____ Start Time: _____ End Time: _____

Contact Person & Phone Number: _____

Set-Up Specifics (i.e. tables, chairs, podium, etc...): _____

*Please Check-Off As Completed:

1.Event Scheduled (Required) 2.Diagram Drawn (Required) 3.Projector Request Submitted (If Applicable)