



# HOLY NAMES UNIVERSITY

FAX- 510.436.1289  
MAIL- *Attention: Campus Services*  
Holy Names University 3500 Mountain Blvd. Oakland, CA 94619

Campus Services

# Maintenance Request/Work Order

Date: \_\_\_\_\_

Building: \_\_\_\_\_ Room: \_\_\_\_\_

Work Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested By: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Assigned to: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Work Completed?

\_\_\_\_ YES      Date \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_ NO      Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_