**MAINTENANCE SERVICE REQUEST**

Date \_

Name of Originator: ,

Phone No.: \_

Building Name: ----------------------- Room No.: ----

Address: \_

Description of Work: -------------------------------

Index Code: \_ Sub Object Code: \_

|  |
| --- |
| **FOR FACI LITIES MAINTENANCE AND OPERATIONS SECTION USE ONLY** |
| Please complete this form and forward it to:Department of General Services Facilities Maintenance and Operations Section1301 Seven Locks Road, Rockville, Maryland 20854 **240/777-7777, FAX 301/279-8100** | G Number: \_Date Received: ------------Assigned To: ------------- |