MARINE CORPS COMMUNITY SERVICES DEPARTMENT
MAINTENANCE WORK REQUEST

			Date:
Requesting Activity:		Cost Center #:	Activity Request #:
Point of Contact (POC) Name:	POC Phone #:	Property Item, Vehicle License, or Building #:	

Nature of work (be specific as to location, model #, dimensions, what doesn't work, etc.) :

Work is for:

☐ Normal/Pre Maintenance

☐ Safety/Health Requirement

☐ Vandalism/Insurance

☐ Improve Operation/Decorative

☐ Directed by Higher Authority

(Who: _____)

☐ Other: _____

Requested By: _____

Routing: (use initials) Comments: _____

Branch Head/Area Suvr: _____ Forwarded _____ Returned; Date _____
Opns/Bud: _____ Forwarded _____ Returned; Date _____
Division Head: _____ Forwarded _____ Returned; Date _____

Assignment MCCS Maint Job #: _____ Base Maint WR #: _____ Other: _____

Forward this form, IAW your division's routing to MCCS Facilities & Maintenance, Building 1006