

# WALTON COUNTY

## FACILITIES MAINTENANCE

### WORK ORDER FORM

<b>REQUESTER</b>	VV TO BE FILLED OUT BY PERSON MAKING REQUEST VV		
	DEPARTMENT	DIVISION	DATE / /
	CONTACT PERSON		OFFICE LOCATION
	PHONE	EMAIL	
	LOCATION OF WORK		PRIORITY LEVEL <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low DATE NEEDED BY: _____
	GIVE COMPLETE AND ACCURATE <b>DESCRIPTION OF WORK</b> TO BE DONE (Attach sketches if necessary)		
ACCOUNT NUMBER	APPROVED BY		

<b>FACILITIES MAINTENANCE</b>	VV FOR FACILITIES MAINTENANCE USE VV		
	WORK ORDER #	REQUEST SENT VIA: <input type="checkbox"/> Fax <input type="checkbox"/> EMAIL <input type="checkbox"/> OTHER _____	DATE RECEIVED IN FM / /
	ASSIGNED TO		DATE ASSIGNED / /
	WORK TYPE	<input type="checkbox"/> Electrical <input type="checkbox"/> HVAC <input type="checkbox"/> Plumbing <input type="checkbox"/> Construction <input type="checkbox"/> Welding <input type="checkbox"/> General Maintenance <input type="checkbox"/> Flooring <input type="checkbox"/> Custodial <input type="checkbox"/> Locksmith <input type="checkbox"/> Furniture <input type="checkbox"/> Other _____	
	START DATE / /	COMPLETION DATE / /	

<b>FM PERSONNEL ASSIGNED</b>	EMPLOYEE(S)	DATE	HOURS	DESCRIPTION OF WORK COMPLETED

<b>ACKNOWLEDGEMENT OF COMPLETION</b>	
SIGNATURE _____	DATE _____



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 Facilities Maintenance  
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