



Work Order Request Form
FACILITIES LOCKSMITH SERVICES
Fax completed form to COO's office at ext. _____
24-HOUR NOTICE IS REQUIRED

Requestors Name: _____ Date: _____
Campus: _____ Telephone: _____
Location: _____ Room: _____

Work Order Description Requested:

Approved by
COO or Campus Manager (Name/Signature): _____

The Houston Community College Facilities Locksmith Department appreciates the opportunity to meet your locksmithing needs. To ensure that the work order request process flows smoothly, we ask that you respect the 24 hour notice requirement. After your form has been completely filled out and signed by the appropriate parties, please fax it to the Locksmith Department at extension 8-5870. Any form that is not filled out correctly will be returned. This will only delay your work order.

Emergency service request should be made by telephone at extension 8-5574. We appreciate your cooperation in this matter.

Locksmith Hours of Operation

7:00 a.m. to 4:00 p.m. Monday through Friday. Please contact ARAMARK at 8-5555 for all after-hour emergency calls.

<i>To be completed by the Facilities Locksmithing Department</i>
Maximo Work Order Number: _____ Date: _____