

City of Richmond

Administrative Manual

PUBLIC SERVICES DEPARTMENT

BUILDING SERVICES DIVISION REQUEST FORM

1. Customer:

Name: _____ Date: _____
 Office/Workstation No.: _____ Telephone #: _____
 Department/Division: _____ Charge Back: _____

Approving Director's Signature: _____ Date: _____

2. Request for:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Keys/Locks | <input type="checkbox"/> Services |
| <input type="checkbox"/> TV/VCR | (AP 703-1 attached) | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Slide Projector | <input type="checkbox"/> Workstation | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Overhead Projector | <input type="checkbox"/> Modification | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Screen | <input type="checkbox"/> Lights | <input type="checkbox"/> Janitorial |
| <input type="checkbox"/> Easel/Flip Chart | <input type="checkbox"/> Signage; wall hangings | <input type="checkbox"/> Elevator |
| <input type="checkbox"/> Other | <input type="checkbox"/> Conference Room Setup | <input type="checkbox"/> Security |
| <input type="checkbox"/> Office Equipment | <input type="checkbox"/> Chairs | <input type="checkbox"/> Repairs |
| <input type="checkbox"/> Supplies | <input type="checkbox"/> Tables | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> Repairs | | <input type="checkbox"/> Other |

Other: _____

Desired completion date: _____ Time: _____

Job Location: _____

Describe request: _____

For Building Services Division Use Only

3. Referral:

Referred to: _____ Date/Time: _____

4. Completion:

Services Completed on: Date: _____ Time: _____

Services Performed by: _____

Description of completed service, parts, supplies,
 etc.: _____