

**CUSTODIAL REPAIR REQUEST**

**DATE OF REQUEST:** \_\_\_\_\_ **ROOM NO.** \_\_\_\_\_

**REQUEST:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF PERSON MAKING REQUEST:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

\_\_\_\_\_  
**PRINCIPAL'S SIGNATURE**

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