



Alpena-Montmorency-Alcona
Educational Service District

REQUEST FOR MAINTENANCE

(Must be submitted at least **two weeks** prior to event and approved by your supervisor and the facility director.)

Staff Requesting: _____ Date Requesting _____

Activity: _____ Location: _____

Date of Activity: _____ # of Participants: _____

Need (Please describe in detail - if tables need to be arranged attach a diagram.):

| | |
|---|---|
| <input type="checkbox"/> Set Up Tables | <input type="checkbox"/> Vacuum After event |
| <input type="checkbox"/> Remove All Garbage | <input type="checkbox"/> Lock Building |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Administrator: _____ Date: _____

Facilities Director: _____ Date: _____

Comments/Notes: