

County of Goliad



Maintenance / Custodial Work Request

Date of Request: _____ Requesting Party: _____

Work Location: _____

Description of work/repair:

Requested Priority:

High – Needs to be done within 24 hours

Medium - Within the week

Low – When you get a chance

For Office Use Only:

Date Reviewed: ___/___/___ Priority Assigned: _____

Authorized By: _____

Comment:

Date Work Completed: ___/___/___ Number of Days to Complete: _____

Work Assigned To: _____

Assigned by

Completed by