

BEE COUNTY
MAINTENANCE WORK ORDER

Please fax your request to 361-492-5980

Name: _____ Date: _____

Department: _____ Location of Problem: _____

Phone Number: _____ Extension: _____

Explain The Problem:

Steps Taken To Repair:

Date Submitted to Supervisor: _____ Supervisor's Signature: _____

Date Completed: _____

Completed By: _____ Signature: _____