MAINE SCHOOL ADMINISTRATIVE DISTRICT #37 WORK ORDER FOR SCHOOL REPAIRS

Please keep a copy and send original to the central office.

SCHOOL NAME:

DATE WORK ORDER FILED:

PERSON FILING WORK ORDER:

BUILDING PRINCIPAL'S SIGNATURE:

Please describe	the nature of the	work to be p	erformed:		
	*	*1	•	•	_
			· -		
		+ _			•
You will be noti		ort period of t	ime as to the ex	d director of mai pected timefram re).	
Should you hav cell phone at 59		se call the off	ice at 483-2734	or the maintenan	ice director's
DATE WORK	ORDER COMP	LETED:			