

Carol City Elementary School
Request for Assistance of Zone Mechanic

Date: _____

Area/Room: _____

Request By: _____

PLEASE PLACE REQUEST IN ZONE MECHANIC'S MAILBOX

DOORS:

Closer _____

Lock _____

Hinges _____

Other _____

PLUMBING:

Sink _____

Water Fountain _____

Paper Dispenser _____

Other _____

WINDOWS:

Operator _____

Glass _____

Other _____

ELECTRICAL:

Outlet _____

Switches _____

Other _____

FURNITURE:

Desk _____

Table _____

Chalkboard _____

Other _____

MECHANICAL EQUIPMENT:

Fans _____

Shop Equipment _____

Kitchen Equipment _____

Other _____

Air Conditioning/Heating: _____

Other Comments: _____

FOR ZONE MECHANIC USE
