RESIDENCE LIFE MAINTENANCE REPORT FORM

Building: _______ Alumni Hall _______ Holy Cross Hall
________ Esseff Hall _______ John Lane House
________ Flood Hall _______ Luksic Hall

Location/Room Number: _______________________________________________

Name of Resident Completing Report: ______________________________________

Repair or Work Needed: __________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date Submitted to Residence Life: __________________ Submitted by: ________

To Be Completed By Residence Life Office

Date Logged at Residence Life: __________________ By: ______________________

Follow Up Requests: Date: _____ By: _________ Date: _____ By: _________

To Be Completed By Building and Grounds Department

Date Work Completed: __________________________

Return to Residence Life: Date: ______ By: __________________________

Assessment if repair is due to damage/vandalism: Labor: ________ Parts: ______ Total: ______

Copies: To Building and Grounds, Residence Life – Work order file and Residence Life Damage Assessment file