

# GREENLEE COUNTY FACILITIES & MAINTENANCE



## WORK ORDER

WORK ORDER NUMBER \_\_\_\_\_

DEPT REPORTED BY: \_\_\_\_\_

TASK TYPE: \_\_\_\_\_

REQUESTOR: \_\_\_\_\_

ASSIGNED TO: \_\_\_\_\_

EMERGENCY: YES \_\_\_\_\_ NO \_\_\_\_\_

BY: \_\_\_\_\_

REQUESTED SERVICE: \_\_\_\_\_

ACTION TAKEN: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TOTAL TIME: \_\_\_\_\_

MATERIAL COST: \_\_\_\_\_