

JAMESTOWN PUBLIC SCHOOLS  
**Work Order**

Date: \_\_\_\_\_  
School: \_\_\_\_\_ Room # or Area: \_\_\_\_\_  
Person Making Request: \_\_\_\_\_  
Nature of Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Work Assigned to: \_\_\_\_\_  
Building Principal's Signature: \_\_\_\_\_

**To Be Completed by Building & Grounds Personnel**

Date Work Completed: \_\_\_\_\_  
List your comments if work could not be completed, or if additional work will be needed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Return to Building and Grounds Office)**

Signature: \_\_\_\_\_

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