



# Alzafar Shriners



San Antonio Shrine Auditorium \* 901 N. 1604 West San Antonio, Texas 78232 \* Telephone 210-496-1625

## Request for Repair

### SECTION I.

All requests for repair must be placed in writing.

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_ Requesting Party: \_\_\_\_\_

Address: \_\_\_\_\_

Work required/suggested:

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\_\_\_\_\_  
Request Person Name (Please Print)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Phone # and/or Email:



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## SECTION II

To be completed by the Recorder/ Maint. Supervisor: PRIORITY: Immediately \_\_\_\_\_ Within 2-3 Days \_\_\_\_\_ Next Week \_\_\_\_\_ Routine \_\_\_\_\_ Next Summer \_\_\_\_\_ Budget # if project is not maintenance or repair: \_\_\_\_\_

\_\_\_\_\_  
Recorder/ Maint. Supervisor Name

\_\_\_\_\_  
Date:

## SECTION III

To be completed by Recorder or Maintenance Staff: Can the project be completed by Maint. Staff?  
YES \_\_\_\_\_ NO \_\_\_\_\_ Estimated hours to complete: \_\_\_\_\_.

Estimated expense to complete:

\_\_\_\_\_

List of materials needed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Job Number \_\_\_\_\_

Date Completed: \_\_\_\_\_

Date Referred Back if Not Completed: \_\_\_\_\_

Recommendation if not completed:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Assigned Personnel:

\_\_\_\_\_  
Date Completed: