



JAMESTOWN HIGH SCHOOL
REQUEST FOR CUSTODIAL OR MAINTENANCE SERVICES

Teacher/Staff Person: _____ Date: _____

LOCATION: _____

Description of Request: _____

REQUEST RECEIVED BY _____ Date: _____

Bldg. Supervisor

Response to Request: _____

_____ Completed

_____ Forward to Central Office

_____ Incomplete

_____ Date: _____

Custodial Supervisor

Copy to Teacher _____

Comments: _____
