



# REQUEST FOR SERVICE

REQUEST# \_\_\_\_\_

**PALM BEACH COUNTY  
FACILITIES DEVELOPMENT & OPERATIONS**

_____	_____
<b>Requesting Dept. /Division/Office</b>	<b>ADVANTAGE Account Code</b>
_____	_____
<b>Authorized Signature (Division Director or above)</b>	<b>Date</b>

## SERVICE REQUESTED:

**Building:** \_\_\_\_\_ **Room #** \_\_\_\_\_

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

\_\_\_\_\_  
**Name of Contact Person Telephone (Required)**

\_\_\_\_\_  
**Date Service Required**

**NOTE:** Check  If Request for ESTIMATE of cost ONLY (Attach sketches, specs, etc.)

<u>FOR FACILITIES MANAGEMENT USE ONLY</u>	
TYPE	_____
BLDG	_____
ZONE	_____
CRAFT	_____
LABOR	_____
MATERIAL	_____
PRIORITY	_____
ACCT CODE	_____
MANAGER APPROVAL	_____
DATE	_____
WORK ORDER#	_____
INPUT PERSONAL	_____
DATE POSTED	_____