Form CR-12
TO: Facility Supervisor

RECREATION CENTERS OF SUN CITY WEST, INC.	**REQUEST FOR REPAIR TO EXISTING FACILITIES**	**CLUB NAME:**
		CONTACT PERSON & PHONE #
		CLUB LOCATION:
		DATE:

PROBLEM CONCERNING
{ CIRCLE ONE }

MAINTENANCE **CUSTODIAL** **LANDSCAPE**

LOCATION {building and room number}:

DESCRIPTION OF FPROBLEM:

SUBMITTED BY: TITLE:

ASSIGNED TO: DATE:

CORRECTIVE ACTION TAKEN:

CORRECTED BY: DATE:

_____ _____ _____ _____

FACILITY SUPERVISOR DATE: MAINTENANCE MANAGER: DATE:

Revised 08-05-02
Revised 08-30-99