Form CR-12
TO: Facility Supervisor

SUN CITY WEST Arizona's Premier Active Adult Golf Community	**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 PROBLEM:

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