



## WORK ORDER REQUEST

Department:		Date:	
Building Name:			
Room # (s):			Exterior?
*****			
Description of Work needed:			
*****			
Requester's Name:		Title:	
Contact #:			
*****			
<b>**MUST BE APPROVED BY DEPARTMENT'S DIRECTOR**</b>			
Department Head Signature:		Date:	
*****			
Must be faxed to Marybeth @ 248-1695			
Approved by Maintenance:		Date:	
<p>Horry County Maintenance Department          307 Smith Street          Conway S.C. 29526          (843) 915-5300          Fax (843) 248-1420</p>			

**Horry County Fire Personnel Should Fax this to 843 248-1695**