

## OFFICE OF FLEET MANAGEMENT

## **MAINTENANCE AND REPAIR REQUEST FORM**

| USING DEPARTMENT INFORMATION |  |    |  |  |  |        |  |  |  |
|------------------------------|--|----|--|--|--|--------|--|--|--|
| DEPARTMENT/SCHOOL            |  |    |  |  |  |        |  |  |  |
| DIRECTOR/ADMINISTRATOR       |  | OR |  |  |  | EMAIL: |  |  |  |
| TELEPHONE                    |  |    |  |  |  |        |  |  |  |
|                              |  |    |  |  |  |        |  |  |  |
| VEHICLE INFORMATION          |  |    |  |  |  |        |  |  |  |
| PLATE NUMBER                 |  |    |  |  |  |        |  |  |  |
| MAKE/MODEL                   |  |    |  |  |  |        |  |  |  |
| -                            |  |    |  |  |  |        |  |  |  |
| DRIVER INFORMATION           |  |    |  |  |  |        |  |  |  |
| NAME                         |  |    |  |  |  |        |  |  |  |
|                              |  |    |  |  |  |        |  |  |  |
| REQUESTED SERVICES           |  |    |  |  |  |        |  |  |  |
| 1                            |  |    |  |  |  |        |  |  |  |
| 2                            |  |    |  |  |  |        |  |  |  |
| 3                            |  |    |  |  |  |        |  |  |  |
| 4                            |  |    |  |  |  |        |  |  |  |
| 5                            |  |    |  |  |  |        |  |  |  |

## **INSTRUCTIONS**

- 1. COMPLETE THIS FORM.
- 2. EMAIL COMPLETED FORM TO <u>LGAINES@PATERSON.K12.NJ.US</u>, <u>JOMAN@PATERSON.K12.NJ.US</u>
- 3. CONTACT THE MECHANIC TO SCHEDULE THE SERVICE/REPAIR: CIRCLE BRAKE, (973) 772-3924
- 4. IF ROAD ASSISTANCE OR TOWING IS NEEDED CONTACT CIRCLE BRAKE.
- 5. WHEN THE WORK IS COMPLETED VERIFY THE INVOICE AND SERVICE PROVIDED
- 6. NOTIFY THE OFFICE OF FLEET MANAGEMENT IF ANY DISCREPANCIES BETWEEN THE SERVICE AND INVOICE, OR ANY OTHER ISSUE.