

MICROFRIDGE MAINTENANCE REQUEST

Please complete all areas in white and drop by the Hall Office/Hall Desk.

Date: _____

Unit ID Number: _____

Lessee Name: _____

Student ID: _____

Hall/Room: _____

E-mail or Cell: _____

Clearly Identify Problem:

Office Staff Use Only: *Upon staff inspection place form in microwave for tracking and update MF database.*

Service This Unit—Contact facilities to arrange pick-up/delivery to Kings Appliance.

Surplus This Unit—Complete Surplus request form.

Date Action Taken:

Other Notes:

Hall Staff Name: _____