DAGS - CENTRAL SERVICES DIVISION
EMERGENCY / MATERIAL & SUPPLIES FAX-IN
FAX TO CSD AT 831-6750

Date: _____ School _____ Facility Code: _____

Contact Person: _____ Phone No.: _____ Fax No.: _____

Please Check One: ☐ EMERGENCY ☐ MATERIAL & SUPPLIES

☐ ON-SITE

School Request No.	Location Bldg Room	Description Of Work (Be Specific)	Cause Code

INSTRUCTIONS

Complete the top portion with the date, your school name, facility code, contact person, phone no., fax no., school request no., location, description of work and cause code.

Cause Code: Use appropriate cause code: A=accident; F=fire; N=normal wear and tear; S=storm; For vandalism use; VU=unknown; VH=holiday; VN=weekday/night or morning; VS=school hours; VV=school vacation; VW=weekend.

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For On-Site Only (to be completed by CSD):

SERV CODE	EMP CODE	DATE START	DATE COMPL	WK-H/M	TR-H/M

QTY	U/I	DESCRIPTION OF MATERIAL	COST

_____

CERTIFICATE OF COMPLETION SIGNATURE AND DATE