



WORK REQUEST / WORK AUTHORIZATION
County of San Mateo – Department of Public Works – Maintenance Division
(Please type or print)

To: Facilities Customer Service Center, Tel: 650-363-4444, Fax: 650-369-1656 Date: _____
Pony: DPW188, Email: Facilities Customer Service Center@co.sanmateo.ca.us

From: _____ (Department) _____ (Maintenance Coordinator) _____ (Telephone) _____ (Pony)

Please contact: _____ at _____ about the following needed service:
(Name) (Telephone)

SERVICE REQUESTED:

Building Location: _____ Floor: _____ Room: _____

Services Needed:

Requested Completion Date: _____

FUNDING (Please complete for funded jobs/services available at extra cost):

- Provide Estimate Proceed with work requested
- Charge to: Org: _____ Acct: _____ Activity _____ Option _____ Charge _____

Signature will serve as notice to proceed and authorizes DPW to perform journal process for services provided, upon job completion

Customer Approval Signature: _____ **Date:** _____

THIS SPACE FOR PUBLIC WORKS USE ONLY

Work Request No. _____ **Fac. #** _____ **W/A #:** _____ **Contact:** _____