

REQUEST # \_\_\_\_\_

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FAX 283-6103

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**PLUMAS COUNTY FACILITY SERVICES**  
**SERVICE REQUEST FORM**

DEPARTMENT: \_\_\_\_\_ BUILDING: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PH#: \_\_\_\_\_ FAX# \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ PREFERRED WORK DATE: \_\_\_\_\_

**DESCRIPTION OF PROBLEM OR SERVICE REQUESTED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE CHOOSE A PRIORITY:**

**EMERGENCY**

**URGENT**

**ROUTINE**

**START LATER**

*If this is to be an improvement item for future budgetary consideration, check here: \_\_\_\_\_  
Your Dept. Head must approve all improvement projects. One item per request form please.*

(For FS use only)

**FACILITY SERVICES RESPONSE SECTION**

Your request has been:

Approved \_\_\_\_\_ Declined \_\_\_\_\_ Deferred \_\_\_\_\_

Returned for Clarification \_\_\_\_\_ Classified as an improvement \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The service you have requested is scheduled for: Date \_\_\_\_\_ Time \_\_\_\_\_

*(The Department of Facility Services will make every effort to notify you of the status of your request within 24 hrs. from the time it is received)*