



701 N. Tool Dr.  
Tool, TX 75143

Office: (903)432-3522 ext.101  
Fax: (903)432-3867

FMartin@tooltexas.org  
tooltexas.org

Maintenance Work Order

Date Requested: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt: \_\_\_\_\_

Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Service Requested: \_\_\_\_\_

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

***\*Office Use Only***

Service Performed

Date Completed: \_\_\_\_\_

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

Maintenance Crew Time

Workers Name	Hour Worked	Type	Paid By
1. _____	_____	<input type="checkbox"/> Day Work	<input type="checkbox"/> Requester <input type="checkbox"/> City of Tool
2. _____	_____	<input type="checkbox"/> Contract	
3. _____	_____	<input type="checkbox"/> Other	
4. _____	_____		
		= Total Man Hours	

Materials & Cost Breakdown

Qty.	Material	Price	Total Cost
_____	_____	\$ _____	
_____	_____	\$ _____	= \$ _____
_____	_____	\$ _____	
_____	_____	\$ _____	

Notes:

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

\_\_\_\_\_  
Maintenance Supervisor