



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