

Cafeteria Table Service Request

Request Date: _____

Site: _____

Site Contact: _____

Contact Number: _____

Model # to be Inspected: _____ Qty _____

General Reporting

<input type="checkbox"/> <i>Locking Bracket</i>	_____	<input type="checkbox"/> <i>Casters</i>	_____	<input type="checkbox"/> <i>Seats</i>	_____
<input type="checkbox"/> <i>Main Bolt Hinge</i>	_____	<input type="checkbox"/> <i>Release Handle</i>	_____	<input type="checkbox"/> <i>Tops</i>	_____
<input type="checkbox"/> <i>Difficulty opening/closing</i>	_____	<input type="checkbox"/> <i>Pull Rod Sets</i>	_____	<input type="checkbox"/> <i>Misc Hardware</i>	_____

Summary/Description of Issues

School Official (Print): _____ Date: _____