



**MAINTENANCE DEPARTMENT  
WORK ORDER REQUEST FORM**

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The Properties Committee has authorized the use of the WORK ORDER REQUEST FORM for all non-emergency maintenance projects in which costs are estimated to exceed \$1,500.00. The FORM is designed to 1) provide the scope of the work requested, 2) estimated costs, and 3) serve as a source document for approval by the Properties Committee. Please complete the Section 1 and submit it to Maintenance Supervisor, Greg Saunders at [gsaunders@countyoflee.org](mailto:gsaunders@countyoflee.org).

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**SECTION 1: REQUESTOR**

Date of Request: \_\_\_\_\_ Preferred Completion Date: \_\_\_\_\_

Department: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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**SECTION 2: REQUESTED WORK**

Lee County Facility \_\_\_\_\_ Specific Location \_\_\_\_\_

Description of work requested, including any scheduling considerations:

Do you have funds available for this work?      NO      YES      Available funds: \$ \_\_\_\_\_

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**SECTION 4: MAINTENANCE DEPARTMENT**

*Describe materials, contractors, maintenance staff hours, and funds necessary costs for the project. Attach relevant documents such as contractor bids/quotes.*

Estimated Total Cost \$ \_\_\_\_\_ Estimated Total Staff Hours: \_\_\_\_\_

Comments:

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**SECTION 5: PROPERTIES COMMITTEE AUTHORIZATION**

Chair: \_\_\_\_\_ Date: \_\_\_\_\_ \$ \_\_\_\_\_

Comments: