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| **** High Priority | **** Medium Priority | | **** Low Priority |
| Reported by: | | Date: | |
| Department: | | Room/Location: | |
| Problem: | | | |
| For Maintenance Use Only | | | |
| Assigned to: | | Time spent (hr/min): | |
| Completed By: | | Date Completed: | |
| Remarks: | | | |

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**Maintenance Request Form**

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