

RIO GRANDE CITY C.I.S.D.  
MAINTENANCE DEPARTMENT  
EVENT REQUEST FORM

**THIS FORM MUST BE COMPLETED BY PRINCIPAL/DEPARMENT HEAD AND BE RECEIVED  
BY THE MAINTENANCE DEPARTMENT OFFICE 2 WEEKS PRIOR TO EVENT BY SENDING  
TO FAX NUMBER 956-487-7682**

LOCATION \_\_\_\_\_

CAMPUS \_\_\_\_\_ PHONE \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_

NAME OF EVENT \_\_\_\_\_

SPONSORING CLUB OR DEPARTMENT \_\_\_\_\_

START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

CONTACT PERSON'S E-MAIL \_\_\_\_\_

PERSON(S) RESPONSIBLE FOR SET-UP, CLEAN-UP, UNLOCKING AND  
RELOCKING FACILITY?

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

NUMBER OF TABLES \_\_\_\_\_ CHAIRS \_\_\_\_\_

OTHER EQUIPMENT \_\_\_\_\_

**TABLES, CHAIRS AND OTHER EQUIPMENT ARE SUBJECT TO AVAILABILITY**

MAINTENANCE PERSONNEL REQUESTED TO STAY AT EVENT?

\_\_\_\_\_

\_\_\_\_\_  
PRINCIPAL/DEPT. HEAD'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DIRECTOR OF MAINTENANCE APPROVAL SIGNATURE

\_\_\_\_\_  
DATE

**ATTACH THIS FORM TO YOUR WORK-ORDER - KEEP A COPY FOR YOUR FILE!**