

**St. Mary of Sorrows**  
**Work Order**  
*Facilities/Maintenance*

\_\_\_\_\_ Parish Center

\_\_\_\_\_ Historic Church

\_\_\_\_\_ Old St. Mary's Hall

\_\_\_\_\_ Rectory

Date of Request: \_\_\_\_\_

Name/Group: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_

Detailed Description of Request:

- Include item, number, location, date range (if recurring).
- If this is a repair request, include date when problem was discovered.
- Please submit TWO WEEKS before event occurs.

Please keep a copy of this form in your files and return the original to Business Office.

Facilities Use Only

Completed By: \_\_\_\_\_

Date: \_\_\_\_\_