



PALM BEACH COUNTY FLEET MANAGEMENT DEPARTMENT WORK REQUEST

DATE _____ USING DEPT/DIV _____

ASSET # _____ W/O # ASSIGNED _____ YEAR _____ MAKE _____

MILEAGE _____ (NO WORK CAN BE PERFORMED WITHOUT MILEAGE AND KEYS)

OPERATOR _____

USING DEPT/DIV APPROVAL _____ (MUST BE SIGNED BY YOUR SUPERVISOR)

USING DEPT/DIV CONTACT PERSON _____ PHONE _____

| OPERATOR'S COMPLAINT | EQUIPMENT ANALYST'S RECOMMENDATION | EST. TIME | ACT. TIME |
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| TOTALS | | | |

ORIGINAL (WHITE): To Fleet Management with vehicle
 YELLOW COPY: To be kept by repair shop
 PINK COPY: To be retained by requesting dept./div.