



Facilities Work Request

- This form is for requesting work involving CCC facilities and equipment **EXCEPT AUDITORIUM SOUND**.
- **AUDITORIUM SOUND** needs must be requested on an **Auditorium Sound Request** form.
- Work to be done between Friday evening and Monday 10:00 A.M. must be requested by Thursday 4:00 P.M.
- This form does NOT reserve the room(s) needed. Rooms must be reserved in the Facility Reservation Book.
- Contact the Facilities Manager with any questions.

Please check and complete one of the following 3 options. This is a:

One Time need to be completed by: _____
DATE TIME

Weekly need to be completed on: _____
DAY OF WEEK TIME START DATE END DATE

Other regularly scheduled need: _____
SCHEDULE START DATE END DATE

Set up furniture in rooms: _____ See map on the 2nd page of form.
ROOM NAME(S) OR NUMBER(S)

Perform the following task: _____

Submitted by: _____ **For (ministry or function):** _____
YOUR NAME MINISTRY OR FUNCTION NAME

Person to contact for further information: _____
NAME WORK, HOME OR CELL PHONE

Place this completed form in the CCC office mail slot or in the Facility Manager's office mail box.
 Pastors will receive a confirmed and scheduled copy back for their ministries if time allows.

Facility Staff Response Use Only

Today's Date: _____

Reservation Checked N/A

This task [will be] or [was] performed by: _____
FACILITY STAFF PERSON(S) DATE/TIME

There is a problem with this request: _____

FACILITY MAP

