

# PACIFIC GROVE UNIFIED SCHOOL DISTRICT -WORK REQUEST

SCHOOL/DEPT	ADMIN. AUTHORIZATION	DATE ORDERED	PREPARED	ORDER NO.
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**WORK OR SERVICE REQUIRED, BE SPECIFIC:**

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**Department responsible for implementation. To be completed by Maint./Operations personnel.**

**Date of project completion:** \_\_\_\_\_

**Signature of responsible for project:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
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