**AIRPORT FACILITIES WORK REQUEST FORM**

This form is to be filled out to request services from the airport Facilities Maintenance Division. It is used to authorize, schedule, and track any repairs or modifications to State owned and operated Facilities (buildings, terminals, interior utilities, and structures) of the airport. Please identify the individual and company authorizing this request, a funding source for labor and materials expended, and appropriate management approval for any remodel, major repair, or renovation project. The request is then forwarded to the airport facilities manager who will in turn approve and schedule, or deny the request. *(This form is NOT to be used for janitorial service requests, or emergency needs).*

**Request:**
- Minor Repair
- Major Repair
- Room/Bldg Modification
- Other

<table>
<thead>
<tr>
<th>South Terminal</th>
<th>ARFF Building</th>
<th>Field &amp; Equip. Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>North (Intl.) Terminal</td>
<td>Badging Trailer</td>
<td>Warm Storage #1</td>
</tr>
<tr>
<td>Parking Garage</td>
<td>Fire Station #1</td>
<td>Warm Storage #2</td>
</tr>
<tr>
<td>Parking Control Bldg</td>
<td>Fire Station #2</td>
<td>North Transient Shack</td>
</tr>
<tr>
<td>Facilities Warehouse</td>
<td>Biffy Facility</td>
<td>Lake Hood Transient</td>
</tr>
<tr>
<td>DOT Warehouse</td>
<td>Guard Shack</td>
<td>Other:</td>
</tr>
</tbody>
</table>

Asset or Nearest Door Number: ____________

Describe work requested:

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

*(Use back of page or separate sheet to draw/sketch out details of particular need, design, or illustration.)*

Estimate to be provided to Requester prior to commencing job?  Yes  No

Labor hours ___________ + Materials ___________ Estimated Total = ___________

Charging/Billing Code for Services Reimbursement: _____________________________

Requester’s Approval: ___________________________ Airport Facility Manager Approval: ___________________________

Tenant/Company: ___________________________ Contact Name/Number: ___________________________

**FAX WORK REQUESTS TO:**  Airport Facilities Work Dispatch (907) 266-2199

Customers will receive a work order number and estimated schedule for work within 3 business days. For problems or immediate assistance, **call the AIRPORT FACILITIES HELP LINE at 266-2432.** Thank you.