



FACILITIES REPAIR FORM

Today's Date _____

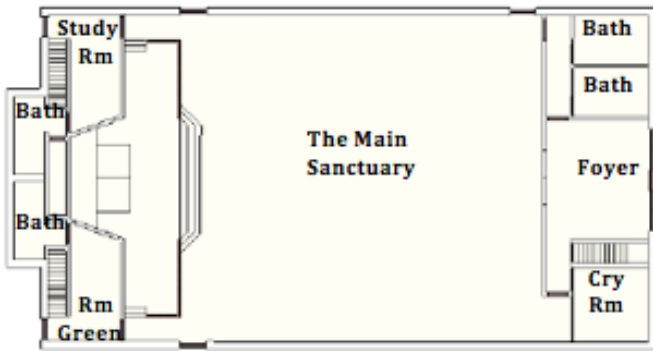
Requester's Name: _____ Phone Number: _____

Description of Repair Needed: _____

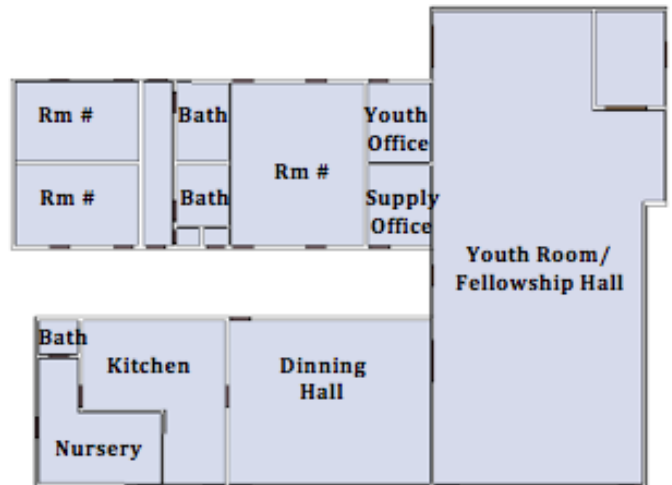
Location of Repair Needed (Please circle the general area on the campus map below): _____

The Well Church Campus

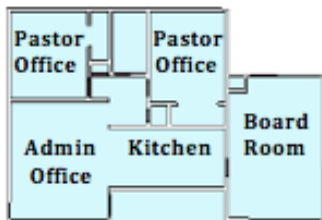
Parking Lot A



Parking Lot B



Outer Courtyard



Parking Lot C

FOR OFFICE USE ONLY

Date Received by Office::		Date Given to Deacons:		Date Completed:		Completed by:	
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