



## PHYSICAL PLANT SERVICE REQUEST FORM

Filled in by requesting party		Filled in by PPO	
Date filed	: 4 July 2022	Date received	:
Building/Facility/ House No/ Apartment No./ Department	:	Received by	:
Location	: Administration Building (backdoor)	Designation/ Position	: Name & Signature
Requesting party	: SHEILA MARIE C. LEMOS	Document control number	:
Designation/ Position	: Administrative Aide VI		

Please check and specify the nature of service request	
<input type="checkbox"/> Audio System (amplifier, speakers and microphones) With Lights? Yes. ___ No. ___ Setup Location: _____ Date & Time Needed: _____ Estimated Duration (hrs): _____	<input checked="" type="checkbox"/> <b>Tent installation/s</b> <b>Setup Location: motorcycle parking area (left side)</b> <b>No. of tent: 3</b> Tent size: _____
<input type="checkbox"/> Land preparation, plowing & harrowing Location/Area covered: _____ Estimated passing trip: _____	<input type="checkbox"/> <b>Fabrication/s</b> (new cabinets, furniture, metal works and other fabrications not considered as repair and maintenance)
<input type="checkbox"/> Site development, levelling, scrapping & backfilling Location: _____	<input type="checkbox"/> Installation/s (tarpaulin, signage, new lock & knobs & other installation not considered as repair and maintenance)
<input type="checkbox"/> Hauling (Construction materials, office equipment & etc.) From: _____ To: _____	<input type="checkbox"/> Machining works (lathe, shaper, drill press & etc.)
<input type="checkbox"/> Plans, Layouts and Estimates (Drafting, floor plan/s, material & cost estimate, site inspection and the likes)	<input type="checkbox"/> Landscaping (Design and Installation) Location/Area covered: _____
	<input type="checkbox"/> Other/s (Specify) : _____

Brief Description of Service Request
Install three (3) tents at parking area near administration building (backdoor).

Conducted by: \_\_\_\_\_  
PPO Personnel  
(Name & Signature)

PPO Unit: \_\_\_\_\_

Checked & Verified by: \_\_\_\_\_  
PPO Head/Director  
(Name & Signature)

Filled in by the requesting party after the conduct of service request	
Service Satisfaction	OVER-ALL RATING
<input type="checkbox"/> 1. Not Satisfied <input type="checkbox"/> 2. Slightly Satisfied <input type="checkbox"/> 3. Moderately Satisfied <input type="checkbox"/> 4. Very Satisfied <input type="checkbox"/> 5. Extremely Satisfied	<input type="checkbox"/> 1. - Poor <input type="checkbox"/> 2. - Fair <input type="checkbox"/> 3. - Good <input type="checkbox"/> 4. - Very Good <input type="checkbox"/> 5. - Excellent
	<b>Comments &amp; Suggestion</b>
<b>Name and Signature</b>	