



Request For Services * (Project Request / Work Request)

Requested by _____

Phone _____

Email _____

Other _____

Today's Date _____

Day of Event _____

Deadline Date _____

*(Please allow a minimum of 2 weeks
between the deadline date & day of event)*

Detailed Job Description *(Please include/attach documents, drawings, dates & times, text, estimated costs & labor hours)*

For Office Use Only:

Date Reviewed _____ Assigned to _____ Department _____

Authorizing Signature(s) _____

Notes _____

** This request for services is subject to review and approval. Do not use this form to request assistance for event planning. Please consult with the Director of Resources & Administration regarding proposed events.*

*If you need assistance filling out and/or submitting this form, please contact Staff Assistant
Kevin Lamb at 916-444-0874 or kevin.lamb@stjohnslc.org.*