

Facilities Work Request

- This form is for requesting work involving CCC facilities and equipment **EXCEPT AUDITORIUM SOUND**.
- **AUDITORIUM SOUND** needs must be requested on an **Auditorium Sound Request** form.
- Work to be done between Friday evening and Monday 10:00 A.M. must be requested by Thursday 4:00 P.M.
- This form does **NOT** reserve the room(s) needed. Rooms must be reserved in the Facility Reservation Book.
- Contact the Facilities Manager with any questions.

Please check and complete one of the following 3 options. This is a:

One time need to be completed by _____
DATE TIME

Weekly need to be completed on _____
DAY OF WEEK TIME STARTING DATE ENDING DATE

Other regularly scheduled need _____
SCHEDULE STARTING DATE ENDING DATE

Set up furniture in rooms _____ See map on the back of this form
ROOM NAME(S) OR NUMBER(S)

Perform the following task: _____

Submitted by: _____ **For (ministry or function):** _____
YOUR NAME MINISTRY OR FUNCTION NAME

Person to contact for further information: _____
NAME WORK, HOME OR CELL PHONE

Place this completed form in the CCC office mail slot or in the Facility Manager's office mail box.
Pastors will receive a confirmed and scheduled copy back for their ministries if time allows.

Facility Staff Response Use Only

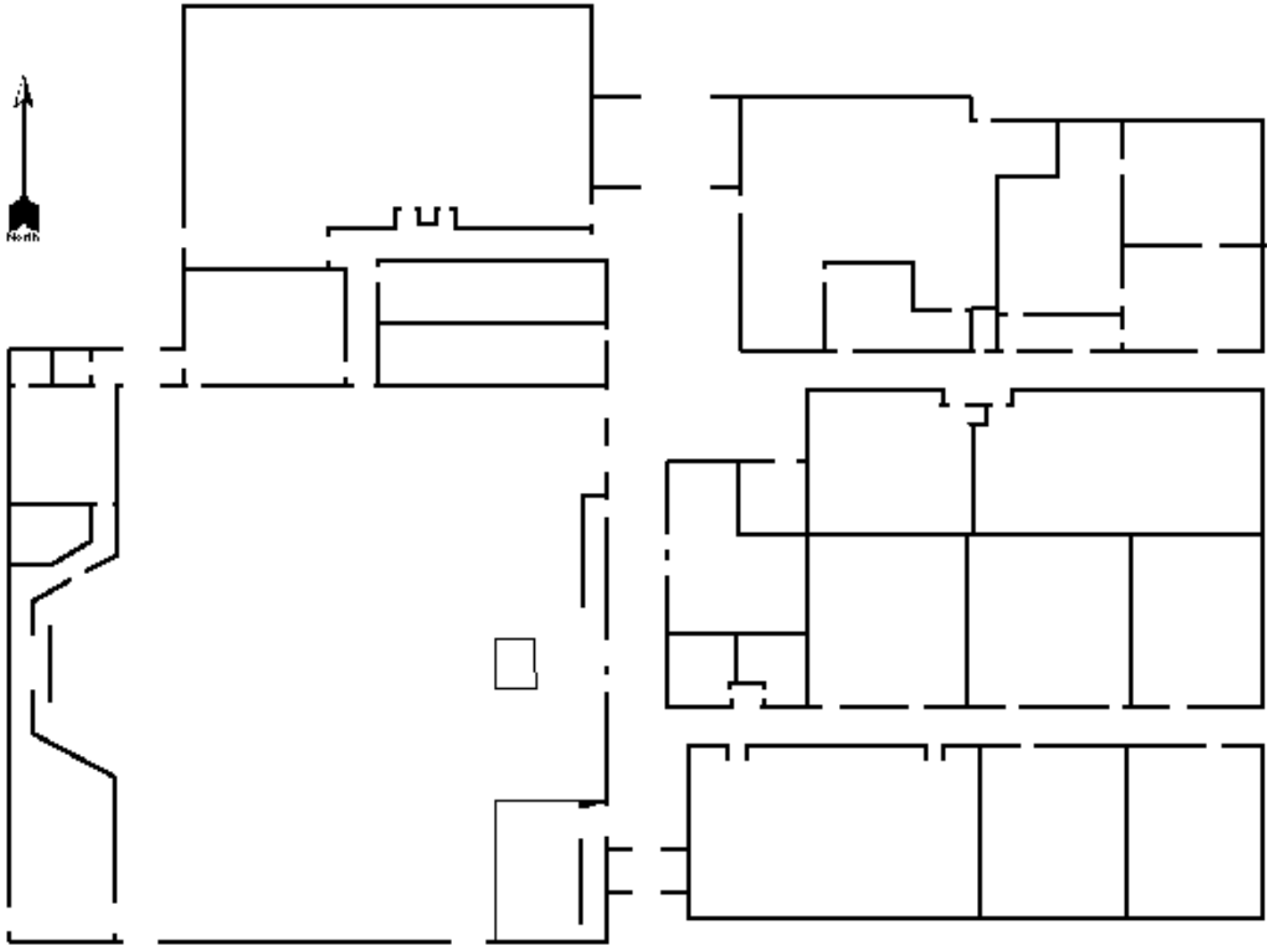
Today's Date: _____

Reservation Checked N/A

This task [will be] or [was] performed by _____
FACILITY STAFF PERSON(S) DATE/TIME

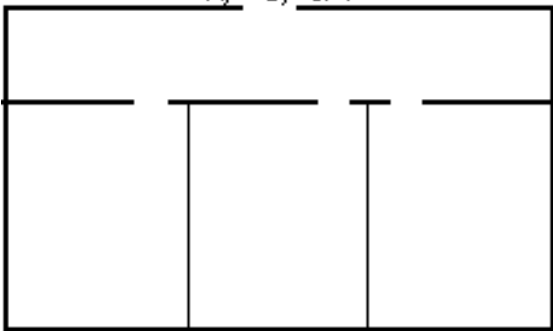
There is the following problem with this request _____

Cole Community Church Facility

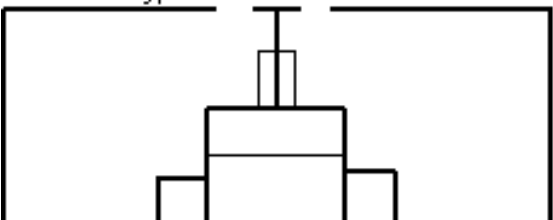


South Modulars

"N," "O," & "P"



Typical of "J"- "M" & "Q"- "T"



Indicate which room this set up is for _____

