



5000 W. Cypress Avenue Visalia, CA 93277  
Tel: (559) 730-7538 Fax: (559) 730-7559

Maintenance use only  
IAQ NO. \_\_\_\_\_

## INDOOR AIR QUALITY SERVICE REQUEST

Date: \_\_\_\_\_ Site: \_\_\_\_\_ Room/Area No: \_\_\_\_\_

Requested by: \_\_\_\_\_

Describe Service Requested (Please be specific - use additional paper if necessary)

High Priority                       Routine Maintenance

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Site IAQ Coordinator's Signature

\_\_\_\_\_  
District IAQ Coordinator's Signature

### FORWARD ALL COPIES TO MAINTENANCE AFTER DISTRICT APPROVAL

ACTION TAKEN:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Amount: Materials \$ \_\_\_\_\_ Labor \$ \_\_\_\_\_

DISTRIBUTION:      MAINTENANCE WILL RETURN COPIES AFTER COMPLETION AS FOLLOWS:  
White: District IAQ Coordinator      Yellow: Retained by Maintenance      Pink: Site IAQ Coordinator