

RJUHSD Transportation Department
VEHICLE REPAIR REQUEST

Vehicle # _____

Site _____

Date Reported: _____

Reported by (print): _____

Vehicle needed by: _____

Attempts will be made to complete repairs by this date but not guaranteed.

| Repair Needed | Mechanic Only | |
|---------------|---------------------------------------|----------|
| | Corrective Action / Date Completed | Initials |
| 1 | | |
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