

Request for Custodial Service

Fairfax United Methodist Church

Group Requesting Service:

Date Needed:

Starting Time:

Ending Time:

Requested By:

Home Phone:

Office Phone:

Facilities Requested:

Main Kitchen or Catering Kitchen

Set-Up Required:

Number of Tables:

Number of Chairs:

Special Instructions/Needs/Diagram for Set-up:
(Use back if necessary)

Area Assigned: _____ For Office Use Only: _____ Date: _____

Custodian: _____ Work Completed: _____