

Maintenance Request Form

Name of Skate park: Date: Located at:			
Damaged/ loosened surface materi	al:		
Location of damage	Brief description of damage		Maintenance performed/ date
Screw/ fastener damage:			
Location of broken/ missing screws		Maintenance performed/ date	
Miscellaneous damage (Railings, sl damage*)	kate rails and copi	ng, steel approac	_
Location of damage Brief description		of damage	Maintenance performed/ date
* Structural damage may be covered under warranty Manager/supervisor signature:			

For maintenance questions or service, please fax this form to Ramp Doctors, Inc. (Ben Johnson) at (239) 566-8014 or email: rampdoctors@yahoo.com

Contact information: