

**WENATCHEE SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT
BUS/VEHICLE MAINTENANCE REQUEST**

Mileage: _____

Driver's Name: _____ Bus# _____ Vehicle # _____ Date: _____

Problem(s): _____

(Note: please be as specific as possible identifying the problem, the driving or other conditions under which it was observed, and any related factors that might help the mechanics diagnose and solve the problem).

Date Recvd: _____ Assigned To: _____ Date Completed: _____

8/98 WSD/jh White Copy attach to workorder / Yellow - Mechanic's copy / Pink - Office Copy / Gold - Driver's Copy

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