

Cook County Department of Facilities Management

Work Order Requester Form

User Request (Check One):

New _____
Change _____ User ID _____
Delete _____ User ID _____

Employee Name (Printed)

Employee Signature

Title

Department/Agency

Building (Spell in Full)

Room Number or Building Location

Telephone Number

Email Address (**Mandatory**)

Date

<u>Facilities Staff Use Only</u>	

User ID	
_____	_____
Authorization Signature	Date

Send completed form electronically ccfm.workorder@cookcountyil.gov or via FAX: 312.433.5240
All User ID and Password information will be sent electronically