

COCOA HEALTH AND EXTENSION DIVISION (COCOBOD)



**P. O. BOX 3197
ACCRA
CONTACT NO. 0302-66694-6**

MAINTENANCE REQUEST FORM (ELECTRICALS)

House No. or Office: Date:

Name and Designation of Officer requesting

Requests

1.

2.

3.

Date: Signature:

Head of Dept:

PART II

Dept. Estates Manager

.....
SENIOR WORKS SUPERINTENDENT

Date:

.....
.....

.....
DEPUTY ESTATES MANAGER

Certificate of completion by user

I certify that the requested electrical appliance has been replaced satisfactorily/unsatisfactorily.

.....
Signature

.....
Date