



O Hodges Cross Road · North Adams, MA 01247 Phone: 413-663-5383 · Fax: 413-664-9424

Work Order Request

Please choose from the following technical areas

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	□ Business T □ CAD □ Carpentry □ Culinary A □ Electricity □ Informatio □ Machine T □ Metal Fab	arts on Technology echnology	
Please complete the following info	ormation for the perso	n or organization req	uesting the work order
Name:	_ Phone #:	Email:	
Address:	City:	State:	Zip:
Description of work to be comple	ted:		
I hereby authorize the repair wor	k herein set forth to be	done along with nec	
agree that McCann is not respons in case of fire, theft, or other caus be working on the parts or equiporesponsible for any damage that restudent or school scheduling. I he equipment for the purpose of test	e beyond McCann's con ment as part of their ed may occur in shop or do ereby grant permission	ntrol I also understand lucation and agree the elays caused by unava	nd that students will at McCann is not ailability of parts,
Owner's Signature:		Date:	
Parent Signature:		(Require	ed if owner under 18)
Administrator's Signature:		Date:	